HEALTH FREEDOM SUMMIT

2022

Paul Thomas MD

THE VAXXED UNVAXXED DATA

SAFE & EFFECTIVE?

1797

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MEDICINE

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Hepatitis B (HepB)	1st dose	◄---- 2nd dose ----►			◄---------- 3rd dose ----------►												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose			◄---- 4th dose ----►				5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes		◄- 3rd or 4th dose, See Notes -►										
Pneumococcal conjugate (PCV13)			1st dose	2nd dose	3rd dose		◄---- 4th dose ----►										
Inactivated poliovirus (IPV <18 yrs)			1st dose	2nd dose	◄---------- 3rd dose ----------►							4th dose					
Influenza (IIV)					Annual vaccination 1 or 2 doses								or	Annual vaccination 1 dose only			
or																	
Influenza (LAIV4)											Annual vaccination 1 or 2 doses			Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See Notes		◄---- 1st dose ----►					2nd dose					
Varicella (VAR)							◄---- 1st dose ----►					2nd dose					
Hepatitis A (HepA)					See Notes		2-dose series, See Notes										
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														Tdap			
Human papillomavirus (HPV)													*	See Notes			
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos,			See Notes											1st dose		2nd dose	

16 diseases
35 separate vaccines
70+ antigens
Add COVID-19 +++

TOXINS:
Mercury
Aluminum
Formaldehyde
Human fetal cells
Animal cells
Viral contaminants
MSG
Glyphosate
Latex
Neomycin
Polyorbate 80
LPS NANPARTICLES and more…

JACK'S STORY & 100'S MORE

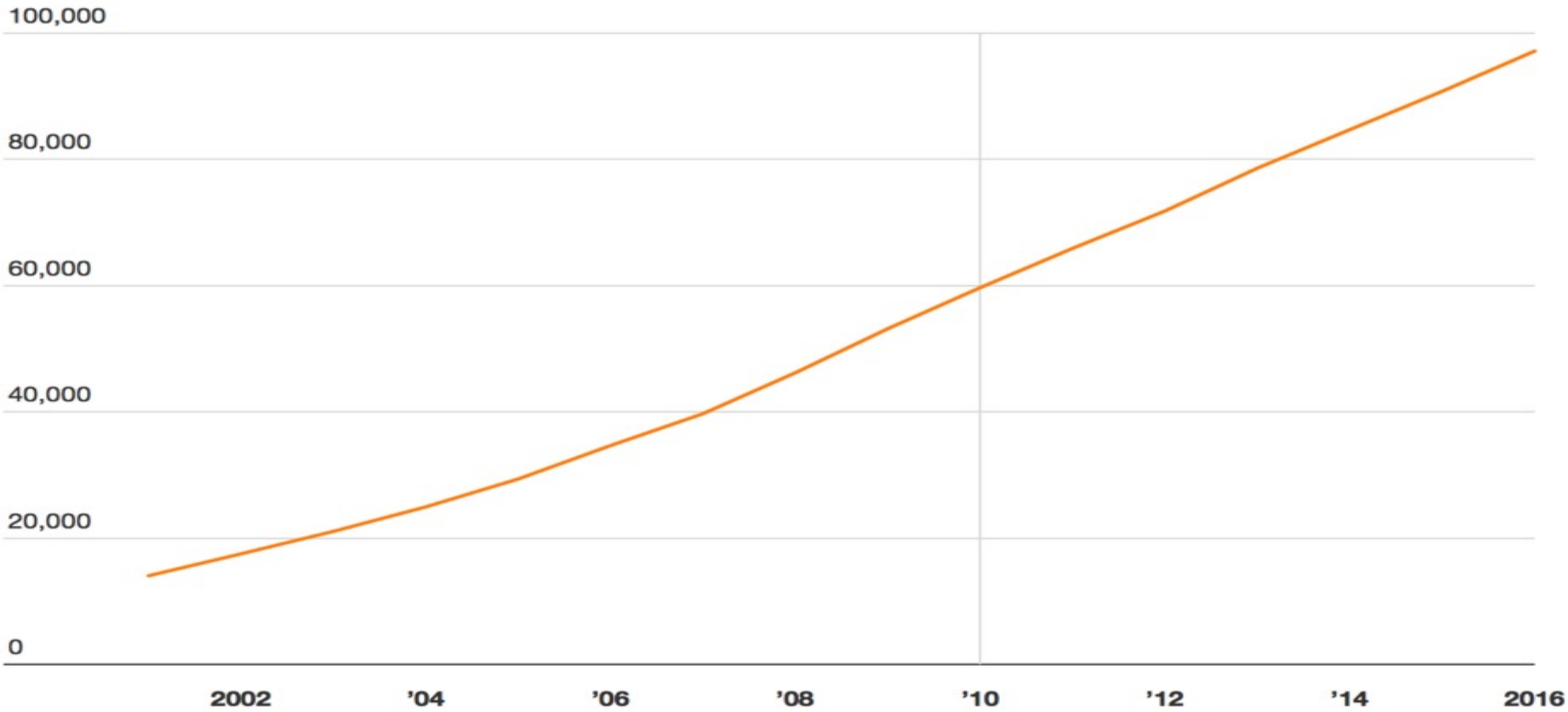
OUR CHILDREN ARE SICK

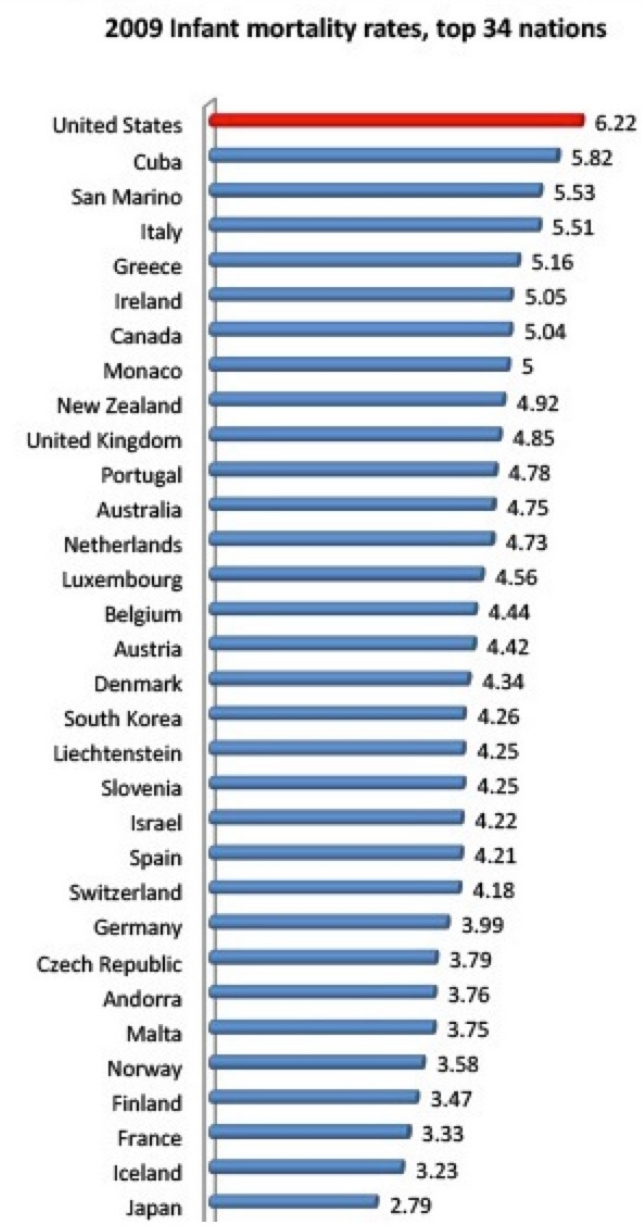
- **54% percent of American children are chronically ill**
- **13% of America's children are in special education**
- **One in six children has a developmental disorder**
- **Millions suffer from allergies including deadly peanut allergies**
- **Almost 11% have attention deficit hyperactivity disorder (ADHD)**
- **15,000 or more children were diagnosed with cancer this year alone**
- **One in 59 has autism**
- **There is an epidemic of autoimmune illnesses like rheumatoid arthritis and psoriasis**
- **Still other children suffer from debilitating anxiety, Tourette's, and sensory issues.**
- **Infant mortality (SIDS, etc.) in America is much higher than in other high-income countries while infants receive more vaccines in their first year of life than anywhere in the world.**

REF: https://childrenshealthdefense.org/campaign-restore-child-health/?itm_term=home

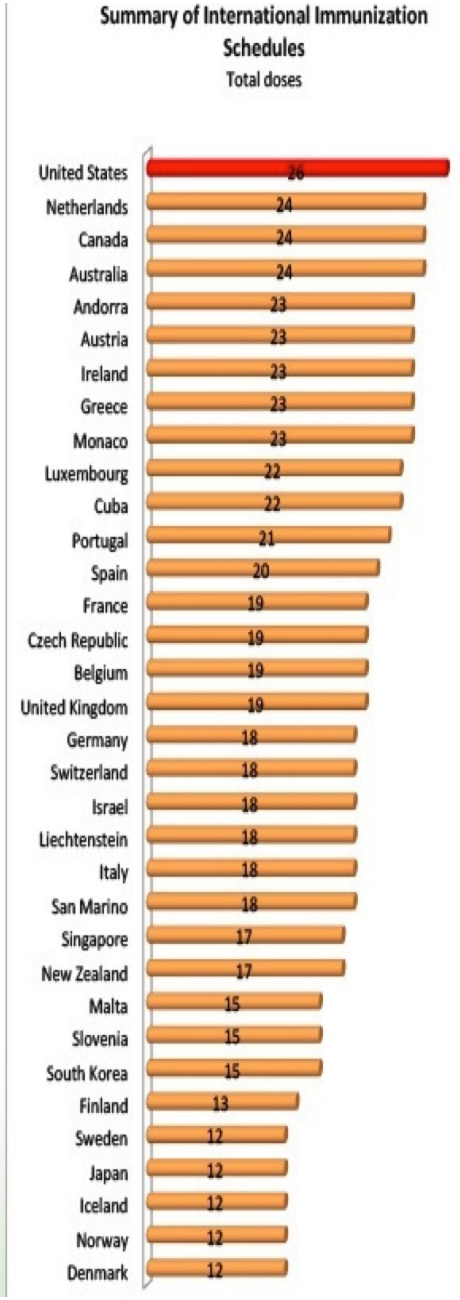
CDC 2016:
1/36 US
Children

California public school students diagnosed with autism, 2001-2016

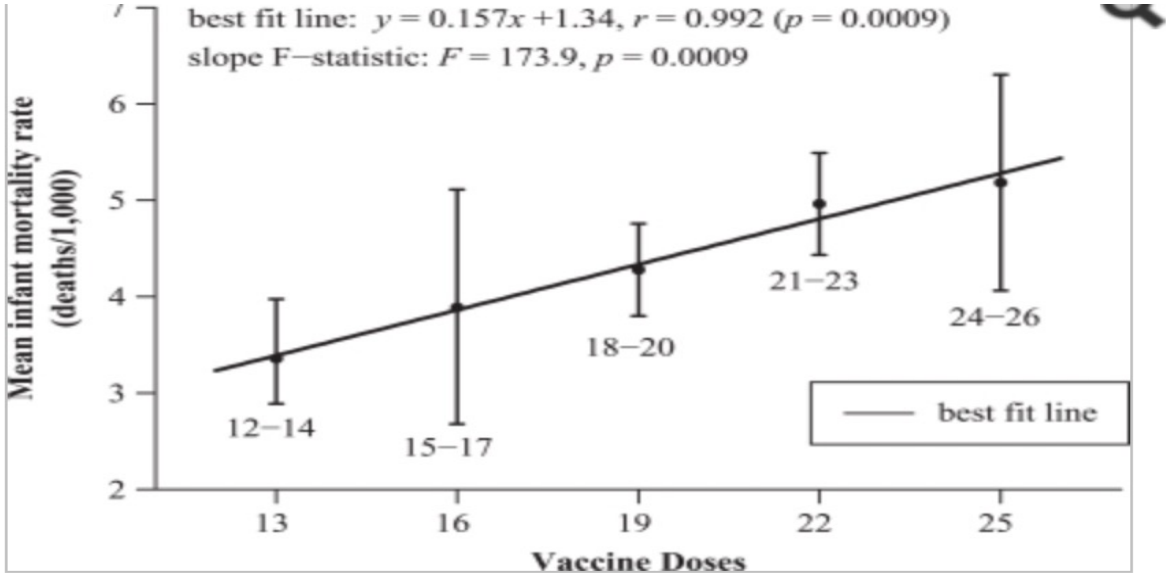



2009 Infant mortality rates, top 34 nations
United States 6.22
Cuba 5.82
San Marino 5.53
Italy 5.51
Greece 5.16
Ireland 5.05
Canada 5.04
Monaco 5
New Zealand 4.92
United Kingdom 4.85
Portugal 4.78
Australia 4.75
Netherlands 4.73
Luxembourg 4.56
Belgium 4.44
Austria 4.42
Denmark 4.34
South Korea 4.26
Liechtenstein 4.25
Slovenia 4.25
Israel 4.22
Spain 4.21
Switzerland 4.18
Germany 3.99
Czech Republic 3.79
Andorra 3.76
Malta 3.75
Norway 3.58
Finland 3.47
France 3.33
Iceland 3.23
Japan 2.79

The U.S. is #1 in Number of Vaccines Injected into Babies Prior to Age 1
DTaP
Polio
Hib
HepB
Pneumo
Rota
Flu


Summary of International Immunization Schedules
Total doses
United States 26
Netherlands 24
Canada 24
Australia 24
Andorra 23
Austria 23
Ireland 23
Greece 23
Monaco 23
Luxembourg 22
Cuba 22
Portugal 21
Spain 20
France 19
Czech Republic 19
Belgium 19
United Kingdom 19
Germany 18
Switzerland 18
Israel 18
Liechtenstein 18
Italy 18
San Marino 18
Singapore 17
New Zealand 17
Malta 15
Slovenia 15
South Korea 15
Finland 13
Sweden 12
Japan 12
Iceland 12
Norway 12
Denmark 12

Infant Mortality - Number of Vaccines



Hum Exp Toxicol. 2011 Sep; 30(9): 1420–1428.
doi: 10.1177/0960327111407644

Reliability of peer reviewed journals

New England Journal of Medicine:

"**It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines**. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of The New England Journal of Medicine."

(Dr. Marcia Angell, NY Review of Books, January 15, 2009, "Drug Companies & Doctors: A Story of Corruption)

Reliability of peer reviewed journals

The Lancet, founded in 1823:

"The case against science is straightforward: **much of the scientific literature, perhaps half, may simply be untrue.** Afflicted by studies with small sample sizes, tiny effects, invalid exploratory analyses, and flagrant conflicts of interest, together with an obsession for pursuing fashionable trends of dubious importance, science has taken a turn towards darkness..."

"The apparent **endemicity of bad research behaviour is alarming**. In their quest for telling a compelling story, scientists too often sculpt data to fit their preferred theory of the world. Or they retrofit hypotheses to fit their data. Journal editors deserve their fair share of criticism too. We aid and abet the worst behaviours. Our acquiescence to the impact factor fuels an unhealthy competition to win a place in a select few journals. Our love of 'significance' pollutes the literature with many a statistical fairy-tale...Journals are not the only miscreants. Universities are in a perpetual struggle for money and talent..."

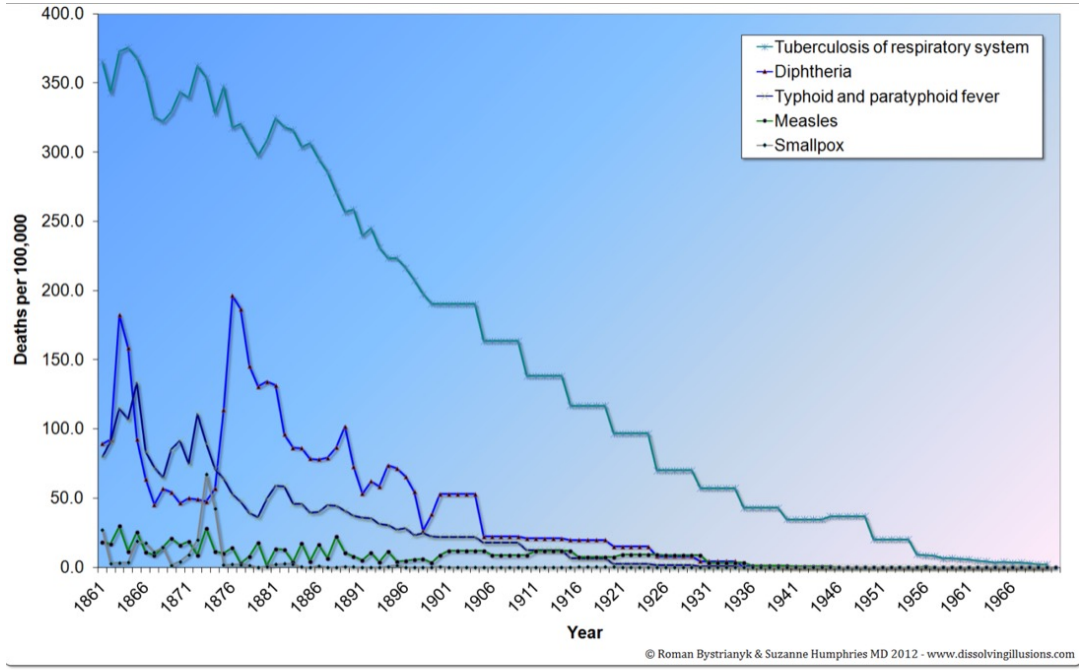
(Dr. Richard Horton, editor-in-chief, The Lancet, in The Lancet, 11 April, 2015, Vol 385, "Offline: What is medicine's 5 sigma?")

What Doctors Learn & Don't Learn In Medical School

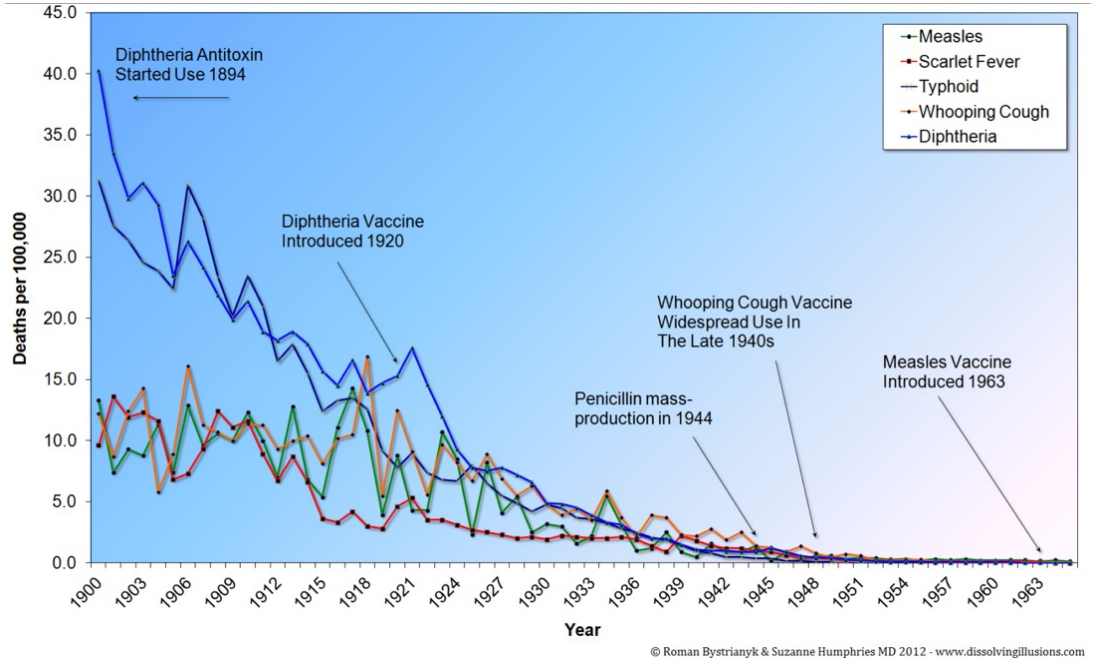
- **TAUGHT** about all the diseases (those for which there are vaccines & those for which there are not vaccines)
- Vaccines are safe and effective (risk is 1/ million of serious harm)
- Vaccines given credit for disappearance of disease,
- **NOT TAUGHT -** similar disappearance of those for which there were no vaccines.
- Vaccine side effects are serious and common
- Vaccine toxic ingredients

VACCINE HISTORY

- Dissolving Illusions by Suzanne Humphries MD
- Diseases 90 – 99% gone by the time vaccines introduced
- Reclassification – changed definitions can eliminate Disease or the diagnosis of the disease overnight (India Polio example)



Massachusetts tuberculosis, diphtheria, typhoid, measles, and smallpox mortality rates from 1861 to 1970. (Historical Statistics of the United States—Colonial Times to 1970 Part 1, Bureau of the Census, p. 63)



VACCINES - CONFLICTS OF INTEREST

- FDA receives 45% of its annual budget from industry.
- The World Health Organization (WHO) gets half its budget from private sources, Pharma and its allied foundations.
- CDC, is a vaccine company that owns 56 vaccine patents
- CDC buys and distributes $4.6 billion in vaccines annually - Vaccines for Children program… over 40% of its total budget.

https://www.fda.gov/about-fda/fda-basics/fact-sheet-fda-glance

http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_INF2Corr1-en.pdf

https://www.greenmedinfo.com/blog/examining-rfk-jrs-claim-cdc-owns-over-20-vaccine-patents

https://www.hhs.gov/about/budget/fy2018/budget-in-brief/cdc/index.html

LIABILITY FREE & MANDATED

- Merck, GlaxoSmithKline, Sanofi, and Pfizer – convicted felons, have paid over $35 billion since 2009!
- In 1986, Congress passed law granting vaccine makers total immunity from liability for injuries caused by vaccines.
- The 2005 PREP act protects the manufacturers during a pandemic (amended 2021 for COVID).

https://www.citizen.org/wp-content/uploads/2408.pdf

https://www.congress.gov/bill/99th-congress/house-bill/5546

https://www.cdc.gov/vaccines/schedules/index.html

The Precautionary Principle

When human activities may lead to morally unacceptable harm that is scientifically plausible but uncertain, actions shall be taken to avoid or diminish that harm. Morally unacceptable harm refers to harm to humans or the environment that is:

- threatening to human life or health, or
- serious and effectively irreversible, or
- inequitable to present or future generations, or
- imposed without adequate consideration of the human rights of those affected.

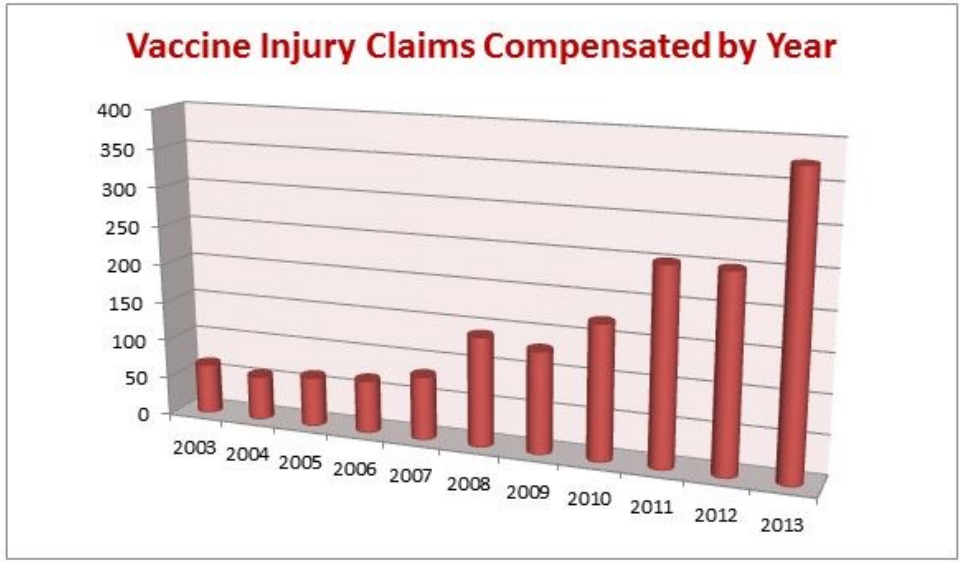
UNESCO: http://www.precautionaryprinciple.eu

National Vaccine Injury Act 1986

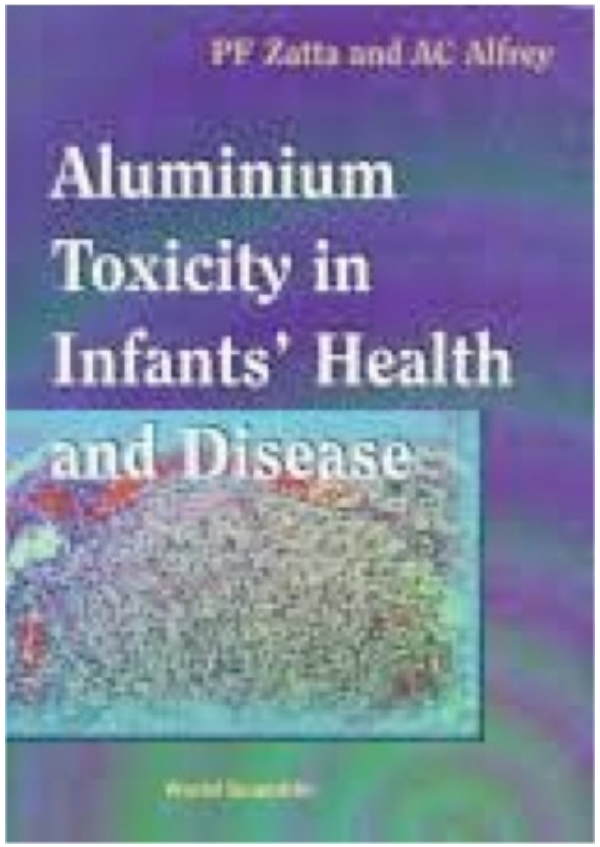
- Acknowledges that vaccine reactions and deaths are real and the vaccine injured and their families should be financially supported.
- U.S. Supreme Court: Vaccines are “unavoidably unsafe” Bruesewitz v Wyeth LLC 131, S. Ct. 1068, 179 (2011).

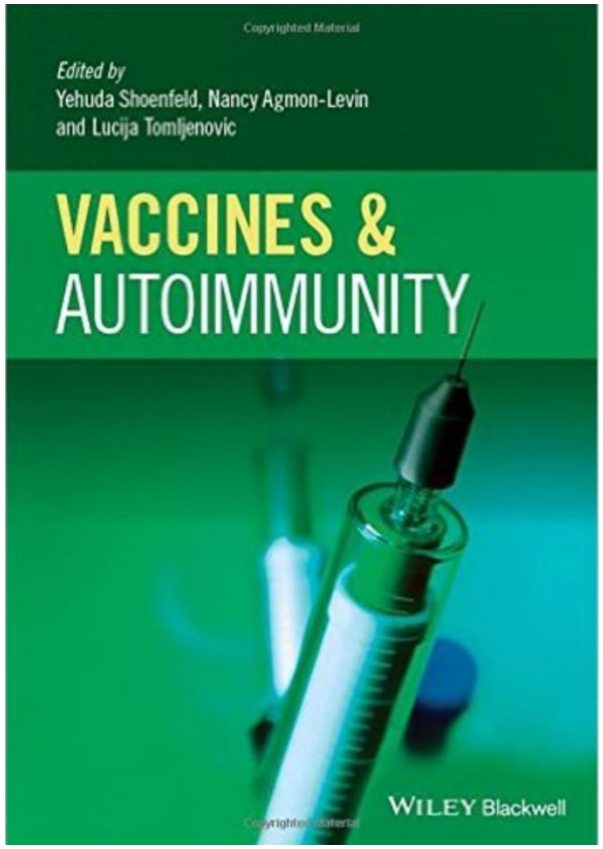
NVICP- National Vaccine Injury Compensation Program 1988

- 1989-2018 NVICP vaccine injury and death payouts over $4 billion, almost 2000 cases pending.
- http://www.uscfc.uscourts.gov/sites/default/files/FY16-Report-to-Congress.pdf



MAGLIOCHRISTOPHER&TOALE


PF Zatta and AC Alfrey
Aluminium Toxicity in Infants' Health and Disease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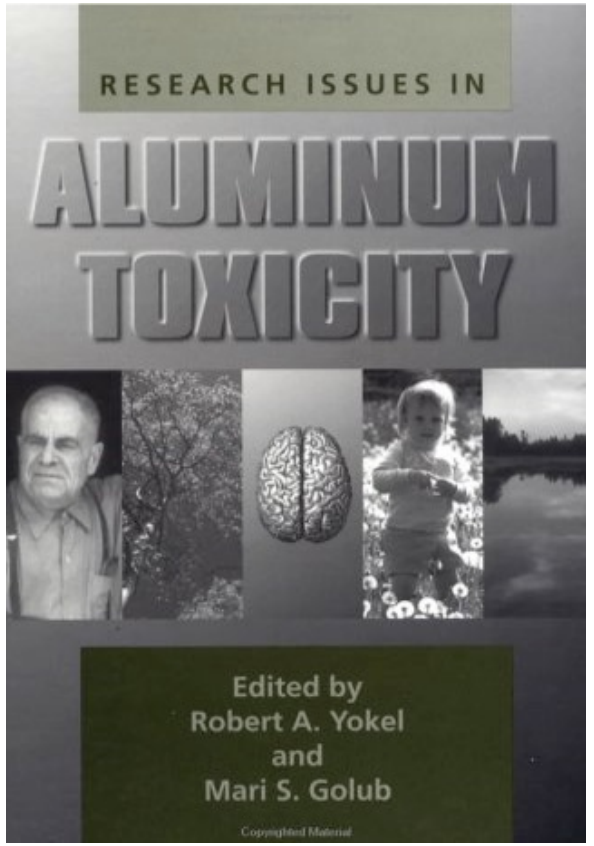
VACCINES & AUTOIMMUNITY
WILEY Blackwell


RESEARCH ISSUES IN
ALUMINUM TOXICITY
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ALUMINUM

STUDIES on Aluminum Safety

- **Elevated blood levels and bone deposition** of aluminum when IV solutions contained 14 – 18 micrograms/Kg/day

  - Koo et al “Response to aluminum in parenteral nutrition in infancy” J. Pediatr 1986; 109:877-883

DEVELOPMENTAL DELAYS

- **Neurological impairment** when infants got 45micrograms/Kg/day when compared to 5 micrograms/Kg/day
    - Bishop et al "Aluminum neurotoxicity in preterm infants receiving intravenous-feeding solutions."

- ***"Aluminum exposure from the standard intravenous solutions was calculated to be associated with a mean loss of one point on the Bayley Mental Development Index per day of full intravenous feeding"***

    - NEJM 1997;336:1557-1561 (http://www.nejm.org/doi/full/10.1056/NEJM199705293362203#t=articleTop)

FDA recommended aluminum not exceed:

- **5 micrograms/Kg/d**

- http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3208446/

Aluminum accumulates in bone & brain

- ¼ of the injected aluminum
- is present at two weeks

- http://www.nejm.org/doi/full/10.1056/NEJM198702053160602

Biological half-life

of 7 years

- ½ life of that aluminum present at 2 weeks was 7 years!
- Sustained intake of dietary aluminum may lead to a progressively increasing internal deposit.

- http://www.ncbi.nlm.nih.gov/pubmed/7779460

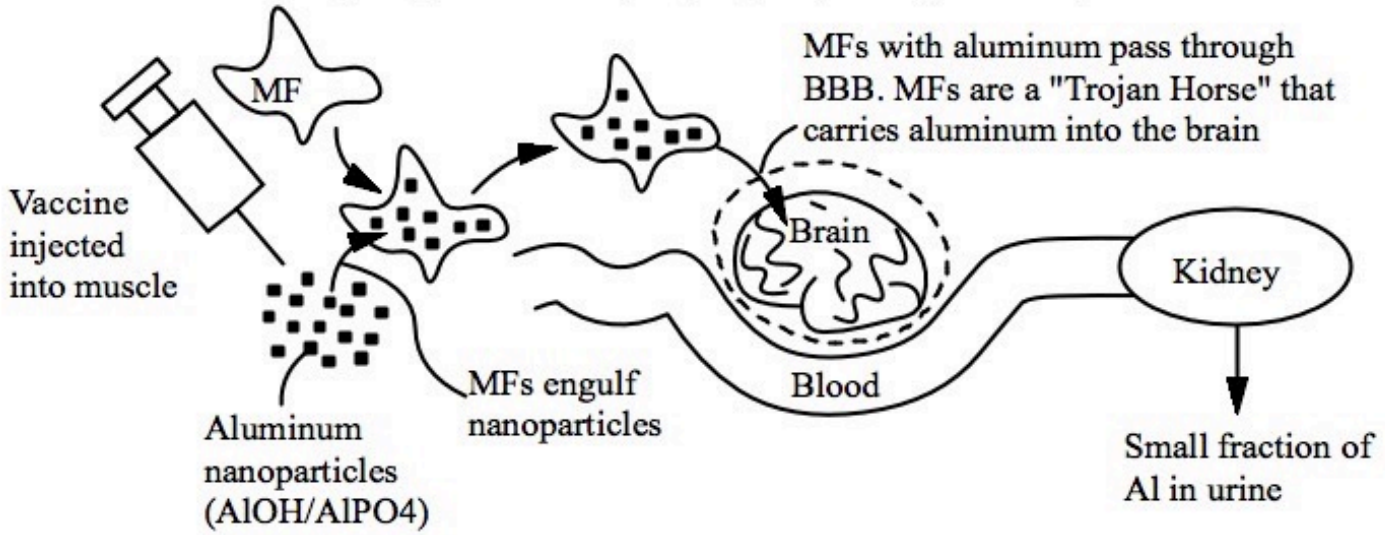
AUTISM & Hepatitis B Vaccines At Birth

- Boys given Hepatitis vaccine in first month of life:
  - 300% increase autism
- Hepatitis B vaccines given to infants are not providing lasting immunity:

- Wu et.al. 2013 “Chronic hepatitis B infection in adolescents who received primary infantile vaccination”.

MACROPHAGES (MFs) TRANSPORT

What actually happens: Macrophages (MFs) transport nanoparticles into the brain:


MF
MFs with aluminum pass through BBB. MFs are a "Trojan Horse" that carries aluminum into the brain
Vaccine injected into muscle
Brain
Kidney
MFs engulf nanoparticles
Blood
Aluminum nanoparticles (AlOH/AlPO4)
Small fraction of Al in urine

Before the Al nanoparticles can dissolve, they are picked up by MFs. The MFs then carry the Al nanoparticles aroung the body, including into the brain. MFs pass right through the BBB. While in the brain, the aluminum leaks from the MFs, and causes brain damage.

Journal of Trace Elements in Medicine and Biology 58 (2020) 126444

Contents lists available at ScienceDirect

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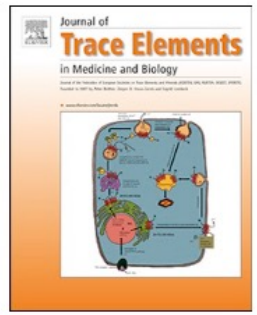
journal homepage: www.elsevier.com/locate/jtemb

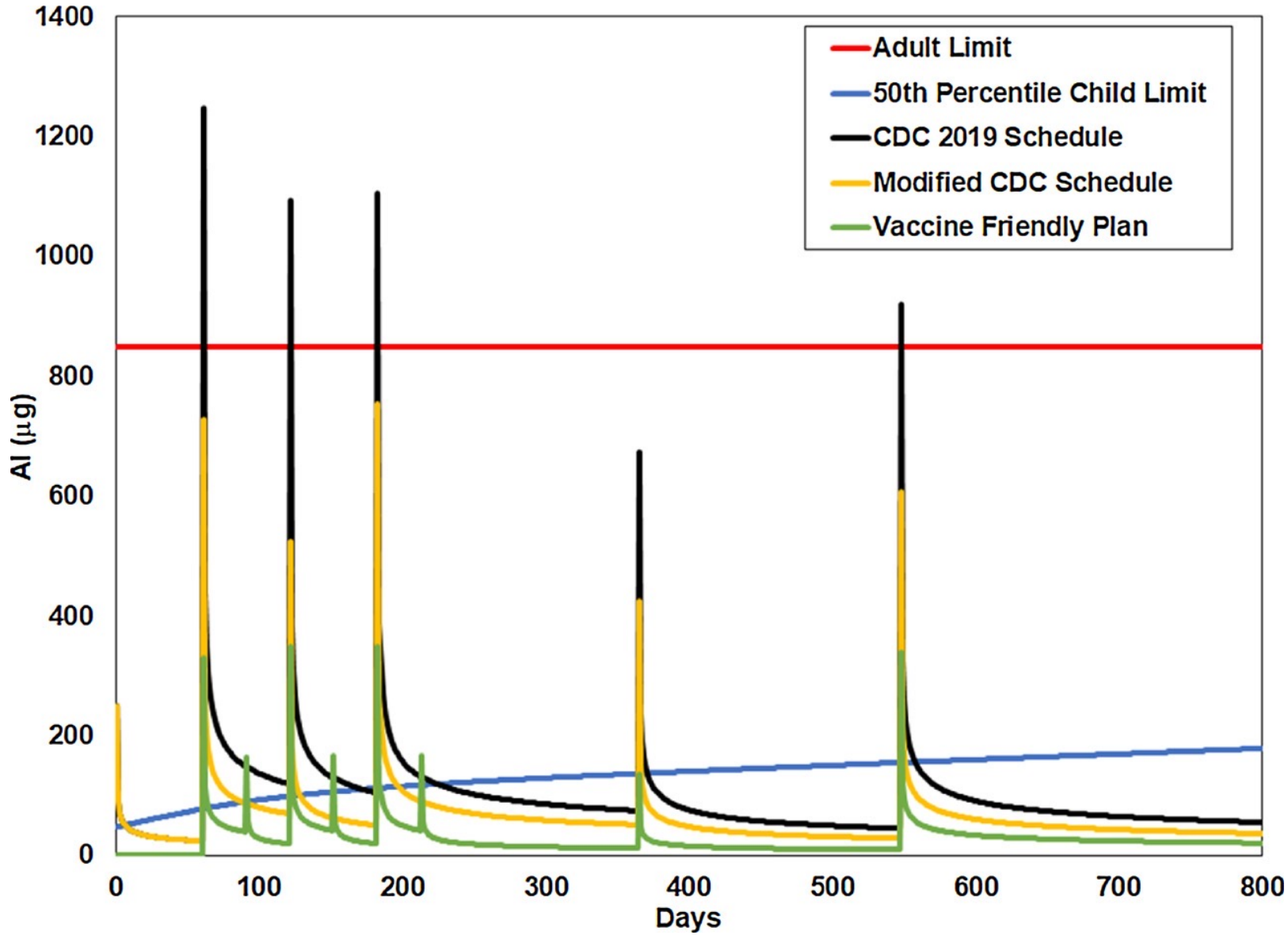


Toxicology

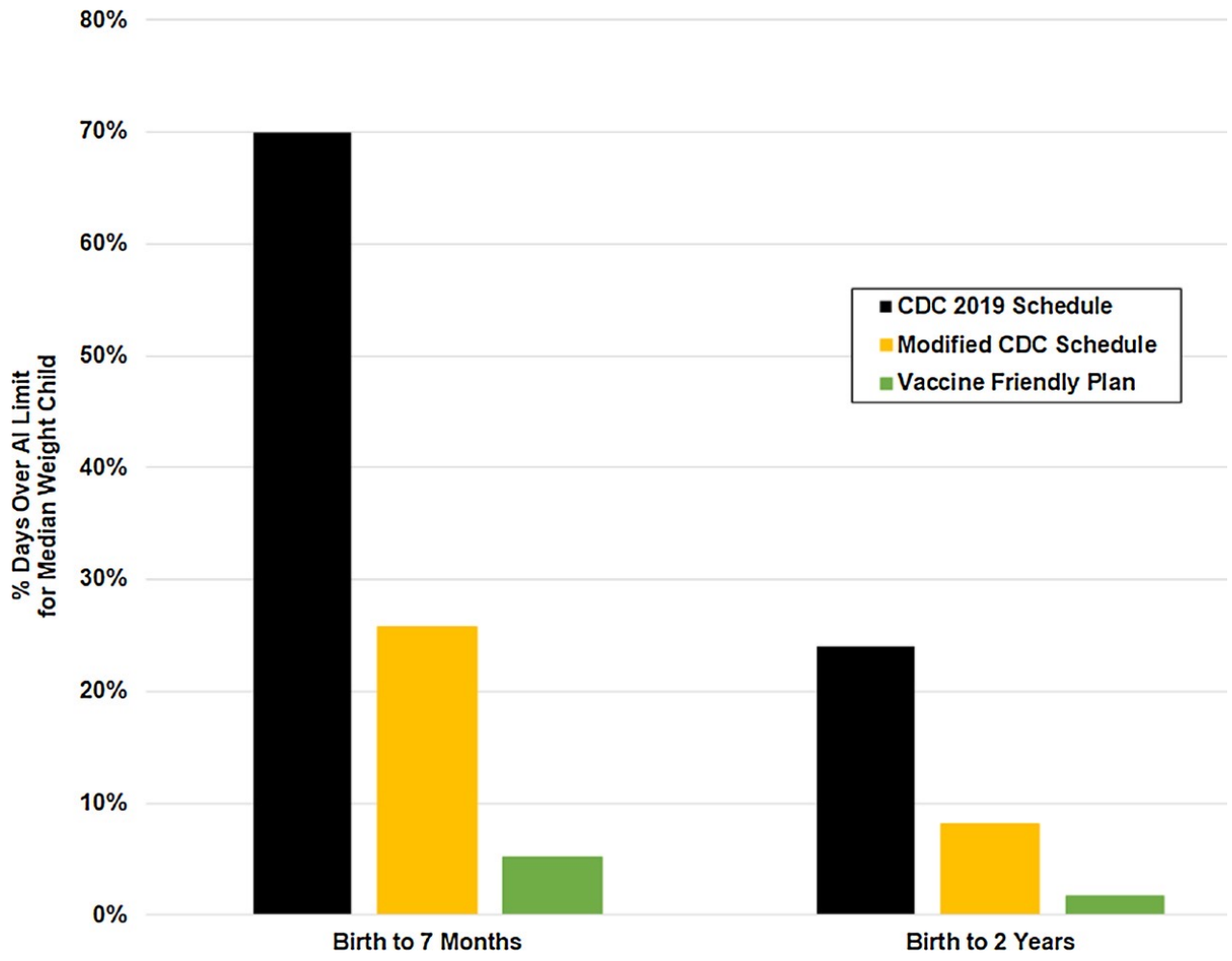
Acute exposure and chronic retention of aluminum in three vaccine schedules and effects of genetic and environmental variation

Grant McFarland[a], Elaine La Joie[a], Paul Thomas[b], James Lyons-Weiler[a,*]

[a] *The Institute for Pure and Applied Knowledge, Pittsburgh, PA, 15101, United States*
[b] *Integrative Pediatrics, Portland, OR, 97225, United States*


Adult Limit
50th Percentile Child Limit
CDC 2019 Schedule
Modified CDC Schedule
Vaccine Friendly Plan
Al (µg)
1400
1200
1000
800
600
400
200
0
0
100
200
300
400
500
600
700
800
Days

- FIG. 3. PERCENT DAYS OVER ALUMINUM LIMIT (*%ALUMTOX*) BIRTH TO 7 MONTHS AND 2 YEARS.



https://doi.org/10.1016/j.jtemb.2019.126444

THE VAXXED – UNVAXXED STUDIES

Journal of Translational Science

Research Article ISSN: 2059-268X

Preterm birth, vaccination and neurodevelopmental disorders: a cross-sectional study of 6- to 12-year-old vaccinated and unvaccinated children

Anthony R Mawson[1*], Azad Bhuiyan[2], Binu Jacob[1] and Brian D Ray[1]

Figure 2 depicts the findings reported in Table 5. In summary, the results suggest that: preterm birth without vaccination is not associated with NDD; vaccination (in a term infant) is associated with a 2.7-fold increased odds of NDD, compared to an unvaccinated child born at term (P-/V-); and the combination of preterm birth and vaccination (P/V) is associated with progressively increased odds of NDD (depending on birth history and vaccination status), with a 5.4-fold increase compared to vaccination alone, a 12.3-fold (nonsignificant) increase compared to preterm birth alone (*i.e.,* unvaccinated), and a 14.5-fold increase compared to term birth without vaccination. These results (depicted in Figure 2, below) suggest that preterm birth without vaccination is not associated with NDD whereas vaccination is (regardless of birth history), and that vaccination coupled with preterm birth greatly increases the odds of NDD compared to vaccination alone.

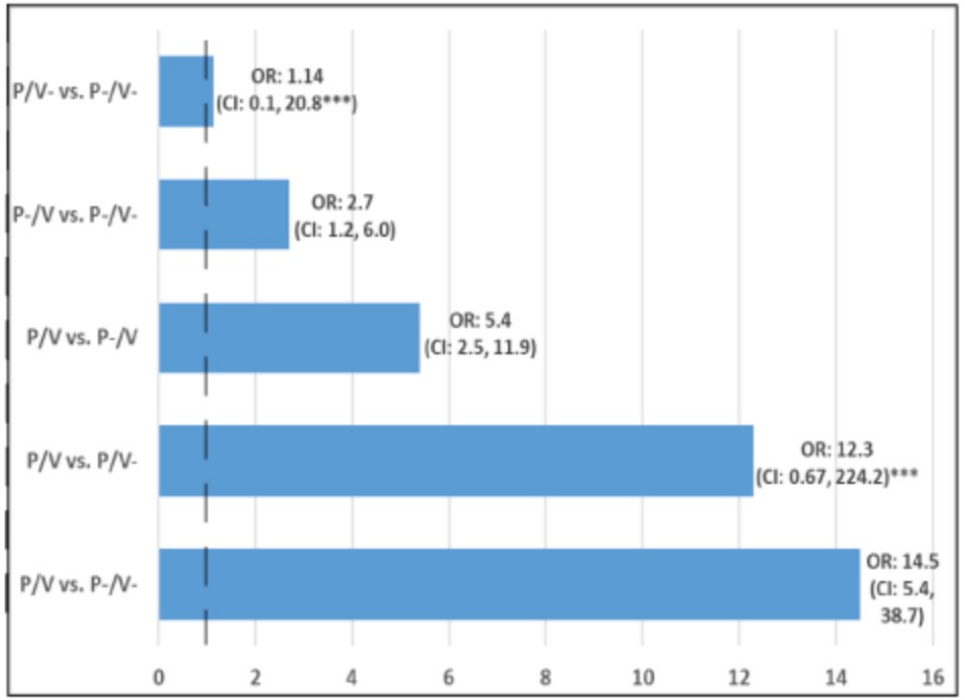


Figure 2. Combinations of Preterm birth and Vaccination Status* and the Odds Ratio of Neurodevelopmental Disorders with 95% CI**

Preterm no Vax -1.1X

Vaxxed Term - 2.7X

Preterm / Term vax- 5.4X

Preterm vaxxed vs
Term unvaxxed 14.5X

Journal of Translational Science

Research Article ISSN: 2059-268X

Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children

Anthony R Mawson[1]*, Brian D Ray[2], Azad R Bhuiyan[3] and Binu Jacob[4]

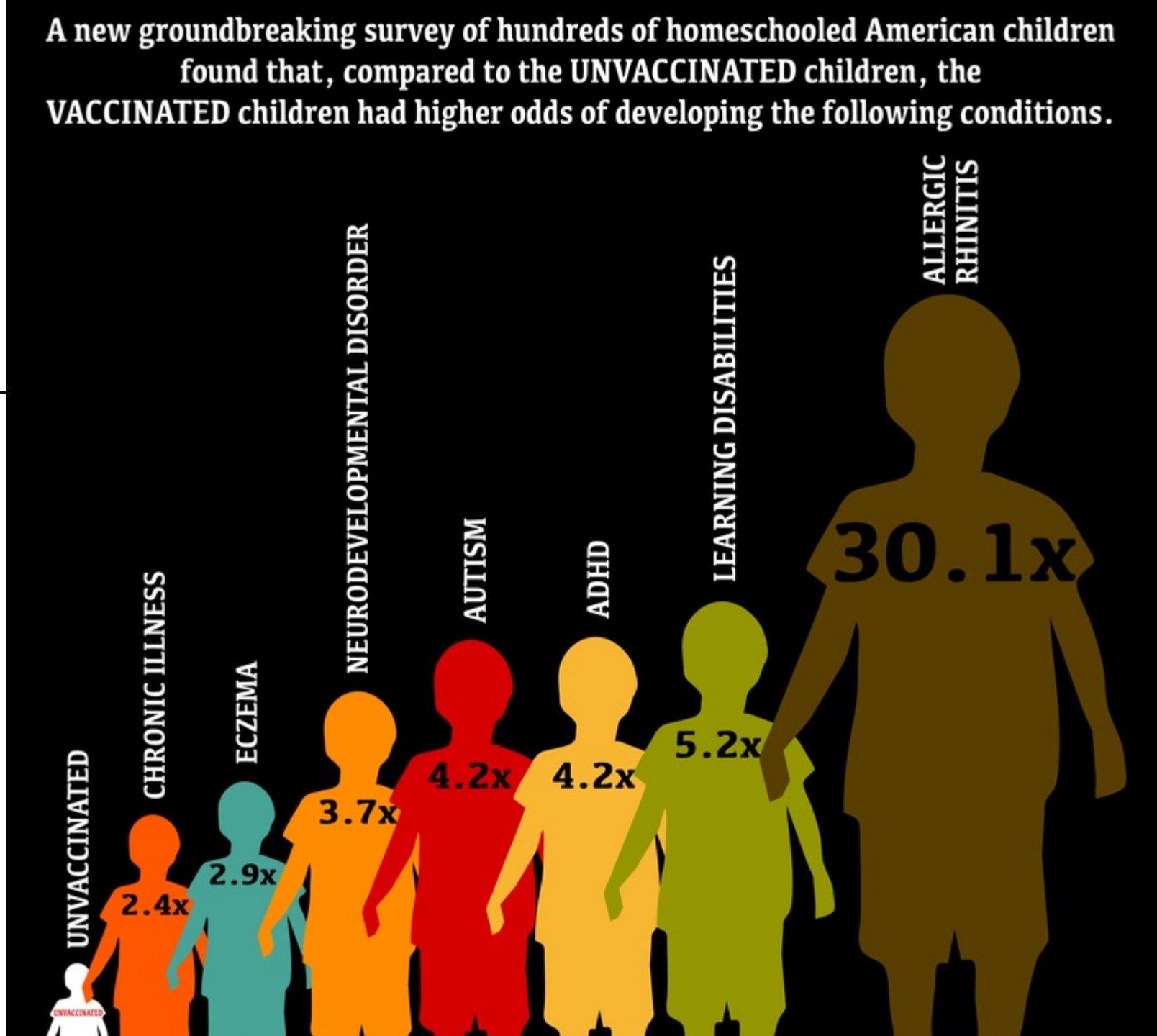
[1]Professor, Department of Epidemiology and Biostatistics, School of Public Health, Jackson State University, Jackson, MS 39213, USA
[2]President, National Home Education Research Institute, PO Box 13939, Salem, OR 97309, USA
[3]Associate Professor, Department of Epidemiology and Biostatistics, School of Public Health, Jackson State University, Jackson, MS 39213, USA
[4]Former graduate student, Department of Epidemiology and Biostatistics School of Public Health, Jackson State University, Jackson, MS 39213, USA

Abstract

Vaccinations have prevented millions of infectious illnesses, hospitalizations and deaths among U.S. children, yet the long-term health outcomes of the vaccination

VAXXED-UNVAXXED

Relative rates of medical conditions for vaccinated children when compared to unvaccinated children.



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DOI: 10.1177/2050312120925344
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SAGE

Analysis of health outcomes in vaccinated and unvaccinated children: Developmental delays, asthma, ear infections and gastrointestinal disorders

Brian S Hooker[1] and Neil Z Miller[2]

https://journals.sagepub.com/doi/pdf/10.1177/2050312120925344

Abstract

Objective: The aim of this study was to compare the health of vaccinated versus unvaccinated pediatric populations.

Methods: Using data from three medical practices in the United States with children born between November 2005 and June 2015, vaccinated children were compared to unvaccinated children during the first year of life for later incidence of developmental delays, asthma, ear infections and gastrointestinal disorders. All diagnoses utilized International Classification of Diseases–9 and International Classification of Diseases–10 codes through medical chart review. Subjects were a minimum of 3 years of age, stratified based on medical practice, year of birth and gender and compared using a logistic regression model.

Results: Vaccination before 1 year of age was associated with increased odds of developmental delays (OR = 2.18, 95% CI 1.47–3.24), asthma (OR = 4.49, 95% CI 2.04–9.88) and ear infections (OR = 2.13, 95% CI 1.63–2.78). In a quartile analysis, subjects were grouped by number of vaccine doses received in the first year of life. Higher odds ratios were observed in Quartiles 3 and 4 (where more vaccine doses were received) for all four health conditions considered, as compared to Quartile 1. In a temporal analysis, developmental delays showed a linear increase as the age cut-offs increased from 6 to 12 to 18 to 24 months of age (ORs = 1.95, 2.18, 2.92 and 3.51, respectively). Slightly higher ORs were also observed for all four health conditions when time permitted for a diagnosis was extended from ⩾ 3 years of age to ⩾ 5 years of age.

Conclusion: In this study, which only allowed for the calculation of unadjusted observational associations, higher ORs were observed within the vaccinated versus unvaccinated group for developmental delays, asthma and ear infections. Further study is necessary to understand the full spectrum of health effects associated with childhood vaccination.

Diagnosis	Vaccinated Cases/Total	Unvaccinated Cases/Total	Odds Ratio (95% CI)	P-value
Developmental Delay	153/1407 (10.9%)	34/630 (5.4%)	2.18 (1.47 – 3.24)	0.0001
Asthma	67/1412 (4.7%)	7/629 (1.1%)	4.49 (2.04 – 9.88)	0.0002
Ear Infection	324/1116 (29.0%)	104/533 (19.5%)	2.13 (1.63 – 2.78)	<0.0001
Gastrointestinal Disorder	55/1382 (4.0%)	18/619 (2.9%)	1.47 (0.84 – 2.57)	0.17
Head Injury	93/1398 (6.7%)	31/627 (4.9%)	1.26 (0.82 – 1.94)	0.29

Health Outcomes of Vaccinated versus Unvaccinated Children

Brian Hooker & Neil Miller

Hooker-Miller, Vaccinated vs. Unvaccinated (2021 study)

Journal of Translational Science

oat
open access text

Research Article

ISSN: 2059-268X

Health effects in vaccinated versus unvaccinated children, with covariates for breastfeeding status and type of birth

Brian S. Hooker[1]* and Neil Z. Miller[2]

[1]Department of Sciences and Mathematics, Simpson University, Redding, California 96003 USA

[2]Institute of Medical and Scientific Inquiry, Santa Fe, New Mexico 87506 USA

Abstract

Using survey data from respondents associated with three medical practices in the US, vaccinated children were compared to unvaccinated children for the incidence of severe allergies, autism, gastrointestinal disorders, asthma, ADHD, and chronic ear infections. All diagnoses were based on parental reporting with chart review for confirmation of diagnoses. Cases were stratified with non-cases based on year of birth and sex, and compared using a logistic regression model which also accounted for breastfeeding status and type of birth (vaginal versus cesarean section). Vaccinated children were significantly more likely than unvaccinated children to be diagnosed with severe allergies (OR = 4.31, 95% CI 1.67 - 11.1), autism (OR = 5.03, 95% CI 1.64 - 15.5), gastrointestinal disorders (OR = 13.8, 95% CI 5.85 - 32.5), asthma (OR = 17.6, 95% CI 6.94 - 44.4), ADHD (OR = 20.8, 95% CI 4.74 - 91.2), and chronic ear infections (OR = 27.8, 95% CI 9.56 - 80.8). Vaccinated children were less likely to be diagnosed with chickenpox (OR = 0.10, 95% CI 0.029 - 0.36). Children who were "vaccinated and not breastfed" or "vaccinated and delivered via cesarean section" had the highest rates of adverse health outcomes. In this study, higher ORs were observed within the vaccinated versus unvaccinated groups for several adverse health conditions. Further research is essential to understand the full scope of health effects associated with childhood vaccination.

Hooker-Miller, Vaccinated vs. Unvaccinated (2021 study)

Table 5. Fully vaccinated children ("vaccines up-to-date") versus unvaccinated children. Logistic regression model, stratified based on year of birth and sex, with covariates for breastfeeding status and type of birth.

Diagnosis	Vaccinated Cases/Non-cases	Unvaccinated Cases/Non-cases	Odds Ratio (95% CI)	p-value
Allergies (severe)	8/128	15/930	4.31 (1.67 – 11.1)	0.0025
Autism	7/129	9/936	5.03 (1.64 – 15.5)	0.0048
Gastrointestinal Disorders	22/114	12/933	13.8 (5.85 – 32.5)	<0.0001
Asthma	23/113	8/937	17.6 (6.94 – 44.4)	<0.0001
ADD/ADHD	10/126	3/942	20.8 (4.74 – 91.2)	<0.0001
Ear Infections (chronic)	23/113	5/940	27.8 (9.56 – 80.8)	<0.0001
Chickenpox	4/71	90/376	0.10 (0.029 – 0.36)	0.0004

All p-values are highly significant.

- **Vaccinated children were significantly more likely than unvaccinated children to develop adverse health conditions**

Hooker-Miller, Vaccinated vs. Unvaccinated (2021 study)

with

diagnoses confirmed from electronic medical records

Table 8. Children with diagnoses confirmed from electronic medical records.† Logistic regression model, "any vaccine received"* versus unvaccinated, stratified based on year of birth and sex, with covariates for breastfeeding status and type of birth.

Diagnosis	Vaccinated Cases/ Non-cases	Unvaccinated Cases/ Non-cases	Odds Ratio (95% CI)	p-value
Allergies (severe)	36/394	6/734	7.75 (3.11 – 19.3)	<0.0001
Autism	27/403	3/737	13.0 (3.73 – 45.0)	0.0001
Gastrointestinal Disorders	36/394	4/736	14.4 (4.94 – 41.7)	<0.0001
Asthma	18/412	4/736	6.06 (1.96 – 18.8)	0.0018
ADD/ADHD	12/418	1/739	12.7 (1.50 – 107)	0.020
Ear Infections (chronic)	28/402	2/738	22.6 (5.18 – 99.1)	<0.0001

* The vaccinated cohort includes children who received any vaccine (fully and partially vaccinated children are counted together). † Chickenpox diagnoses could not be confirmed via chart review because many families did not visit the physician for such a diagnosis.

All p-values are highly significant.

- **Vaccinated children were significantly more likely than unvaccinated children to develop adverse health conditions**

FEBRUARY 2019 QA DATA SET CREATED TO RESPOND TO OMB REQUEST FOR PROOF THE VACCINE-FRIENDLY PLAN WAS AS SAFE AS CDC!

DATA was de-identified,

IRB-approved &

became the VAXXED – UNVAXXED study

International Journal of
Environmental Research and Public Health

MDPI

Article

Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis of Vaccination

James Lyons-Weiler [1,*] **and Paul Thomas** [2]

[1] The Institute for Pure and Applied Knowledge, Pittsburgh, PA 15101, USA
[2] Integrative Pediatrics, Portland, OR 97225, USA; paulthomasmd@drpaul.md
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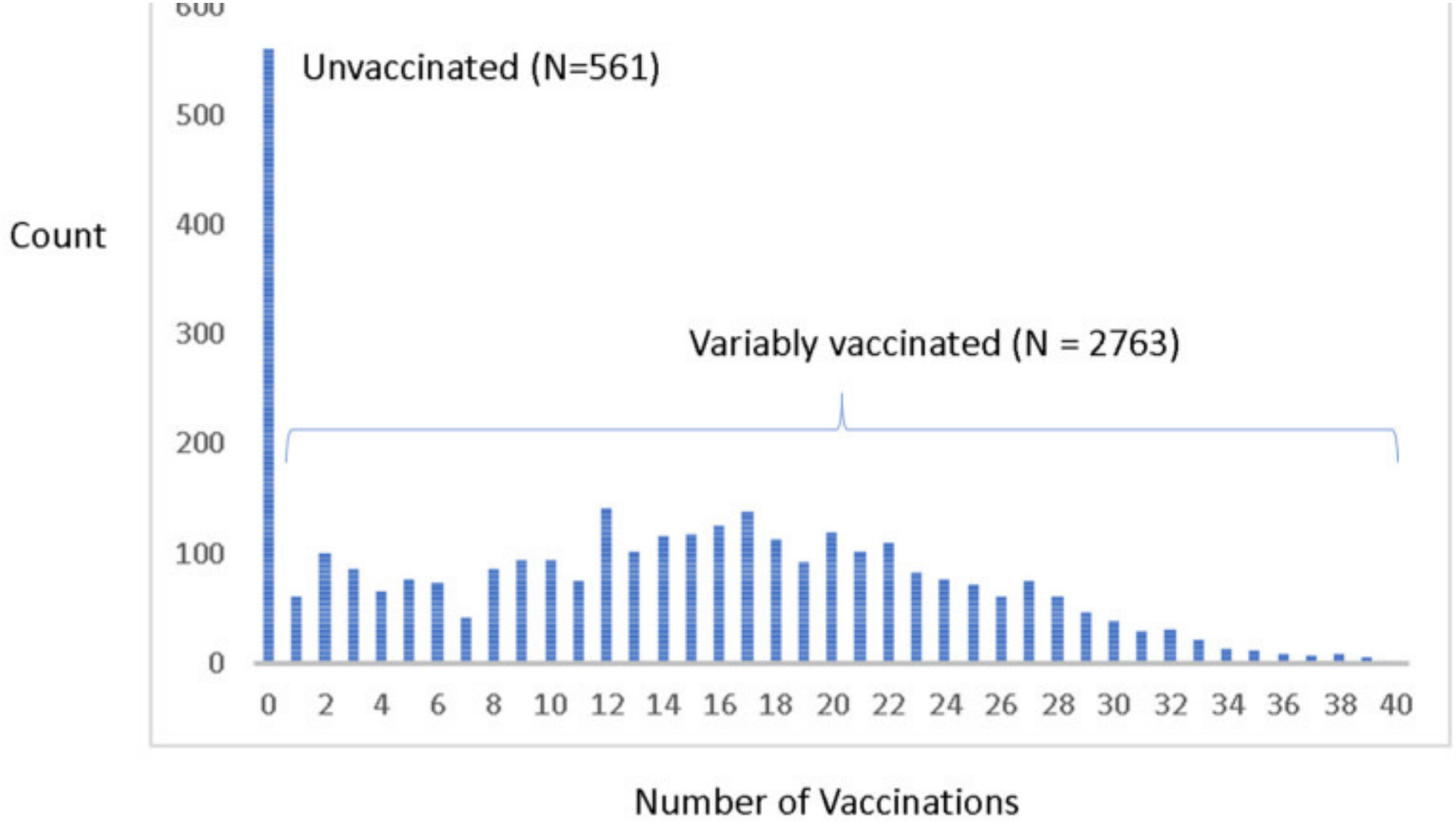
Received: 23 October 2020; Accepted: 18 November 2020; Published: 22 November 2020

check for updates

Abstract: We performed a retrospective analysis spanning ten years of pediatric practice focused

https://www.mdpi.com/1660-4601/17/22/8674/pdf


Unvaccinated (N=561)
Variably vaccinated (N = 2763)
Count
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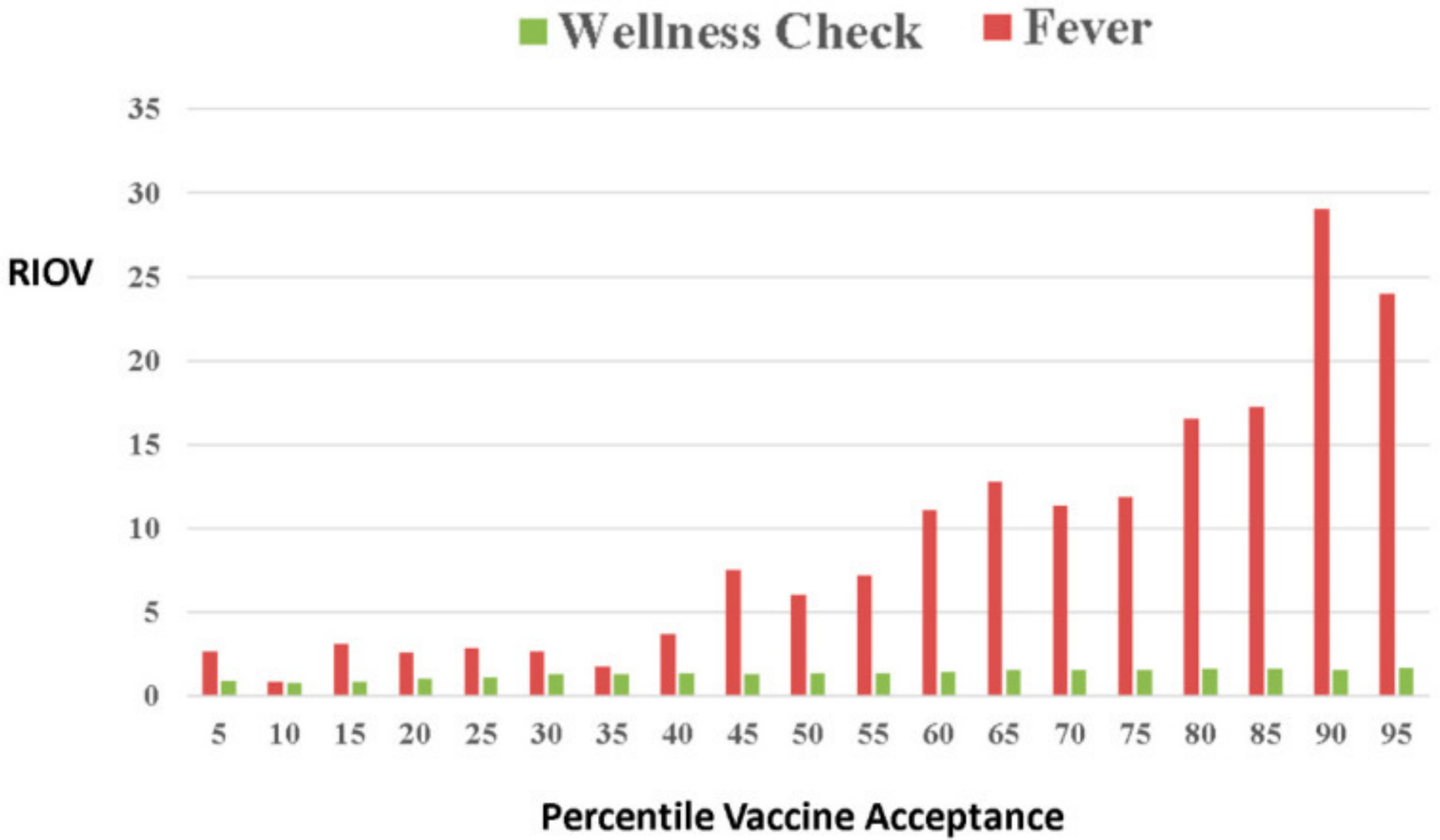
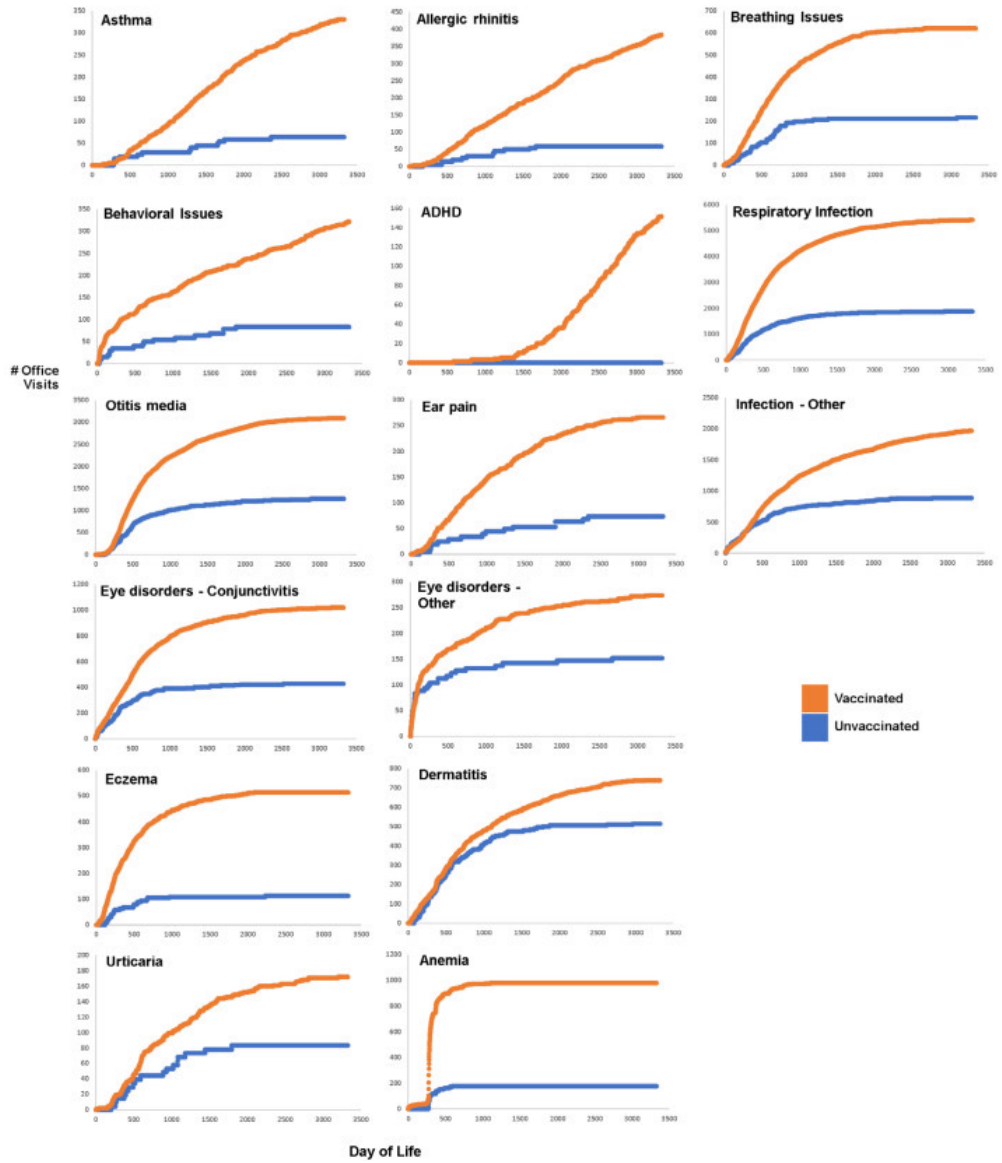
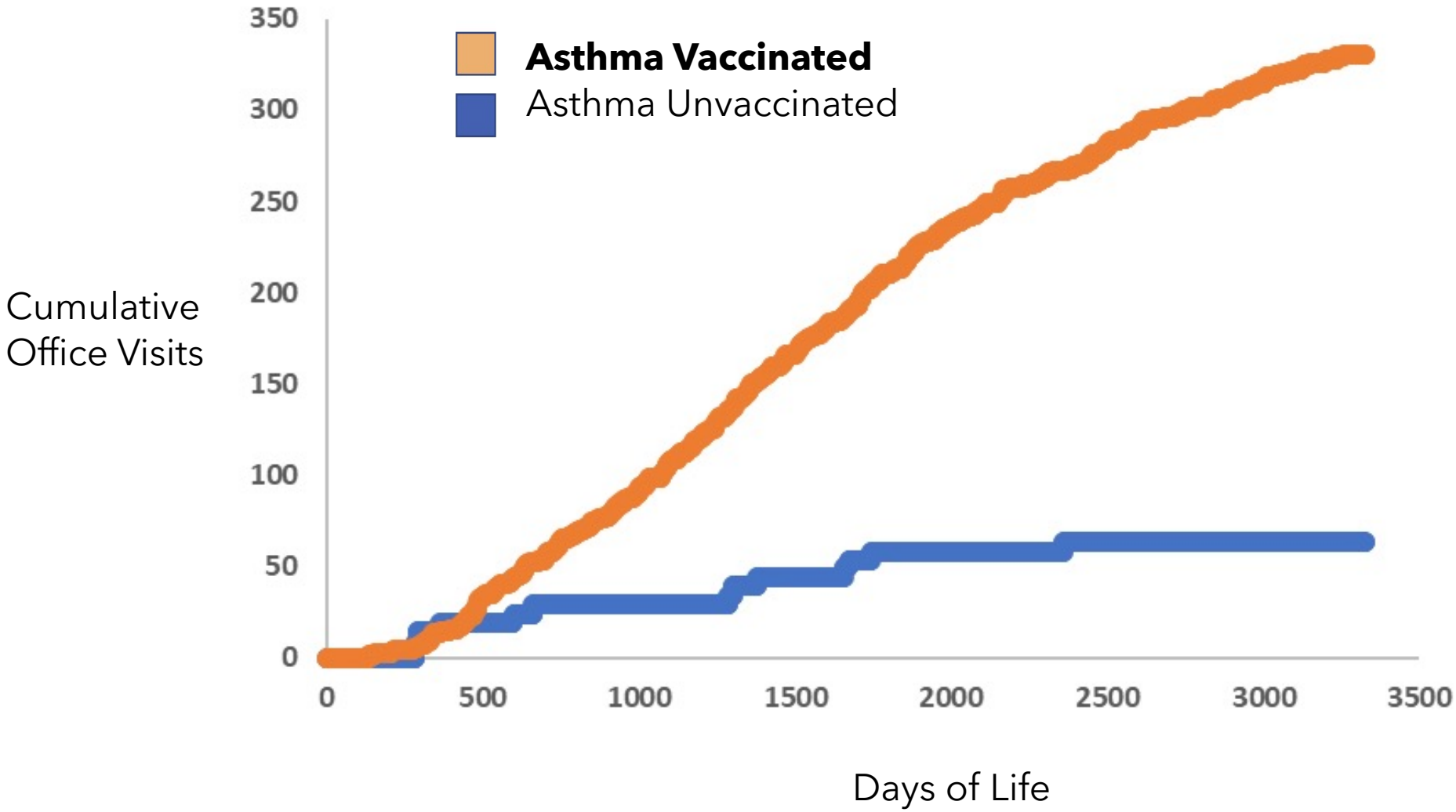
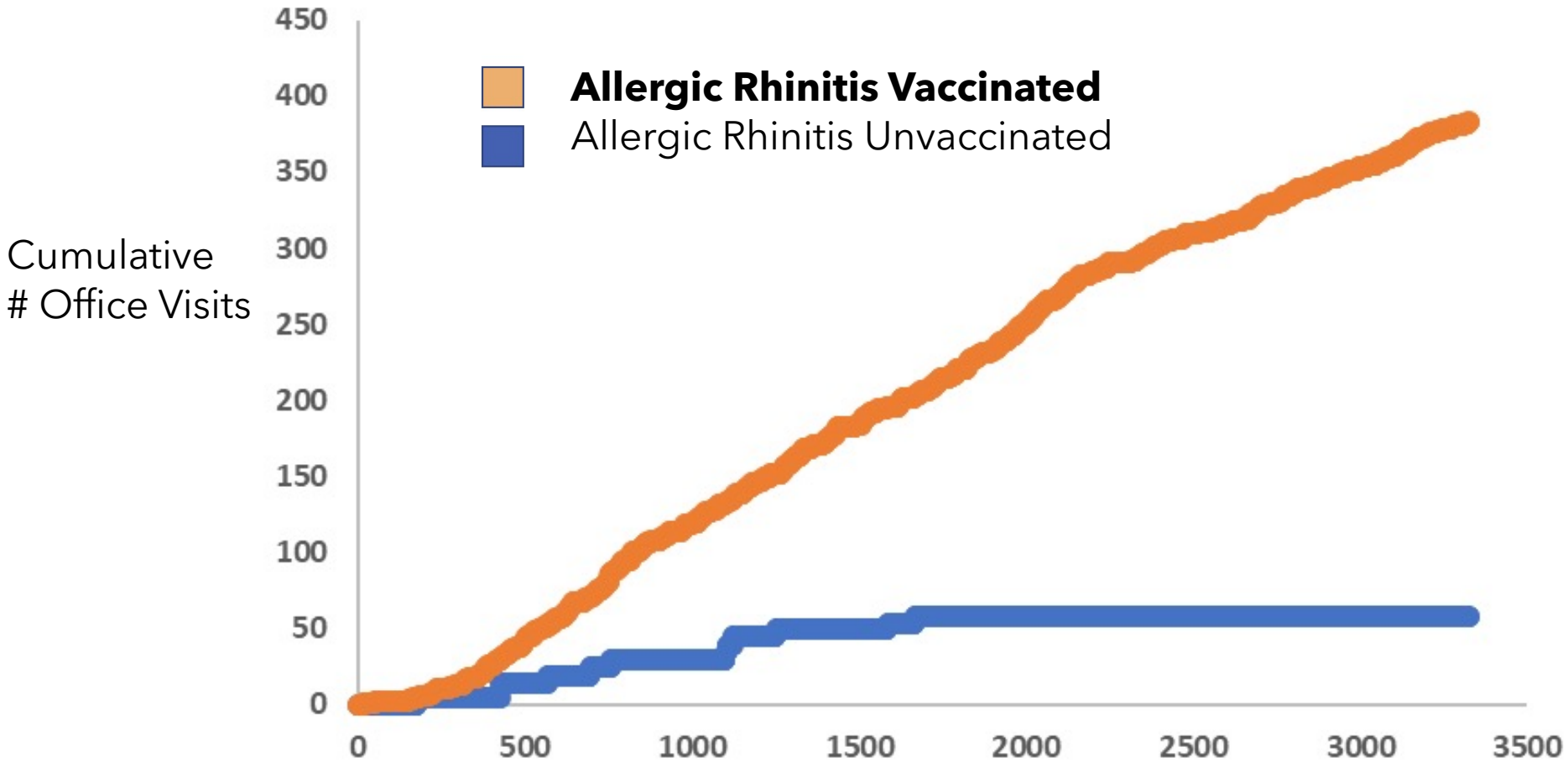
500
400
300
200
100
0
0 2 4 6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40
Number of Vaccinations


Wellness Check
Fever
RIOV
35
30
25
20
15
10
5
0
5
10
15
20
25
30
35
40
45
50
55
60
65
70
75
80
85
90
95
Percentile Vaccine Acceptance

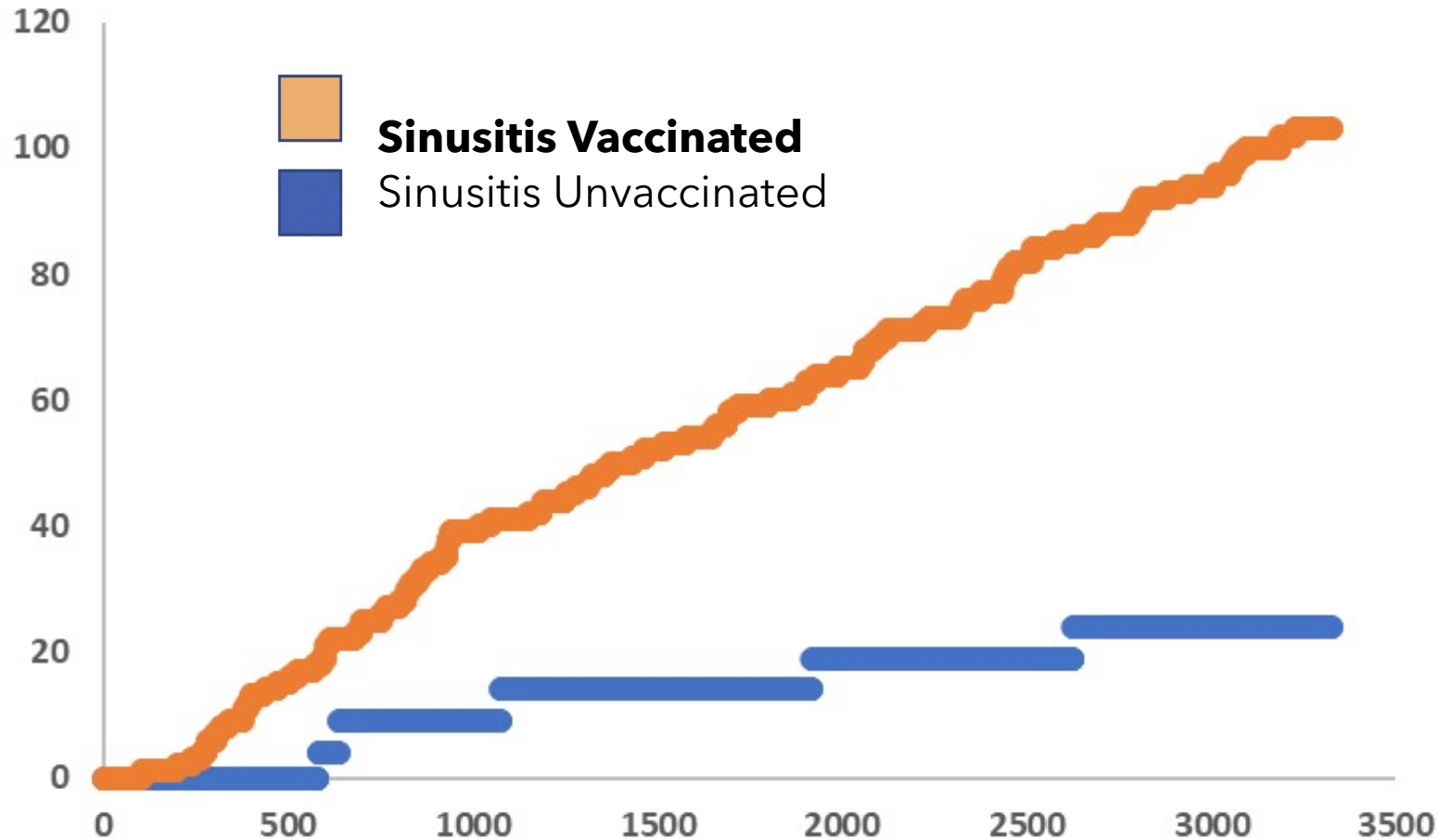
Cumulative
office
visits in vaccinated
(orange)
vs
unvaxxed
(blue)

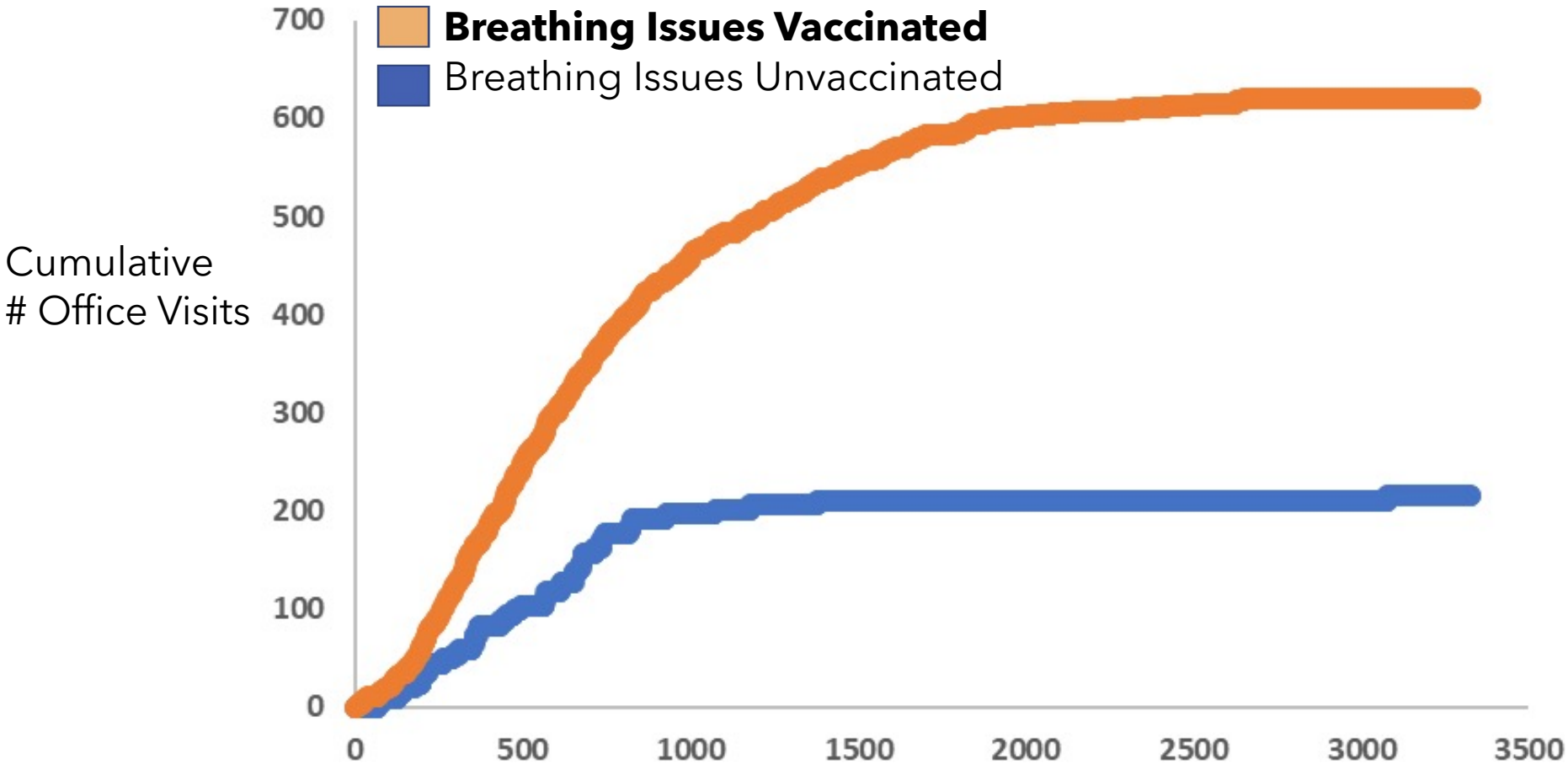


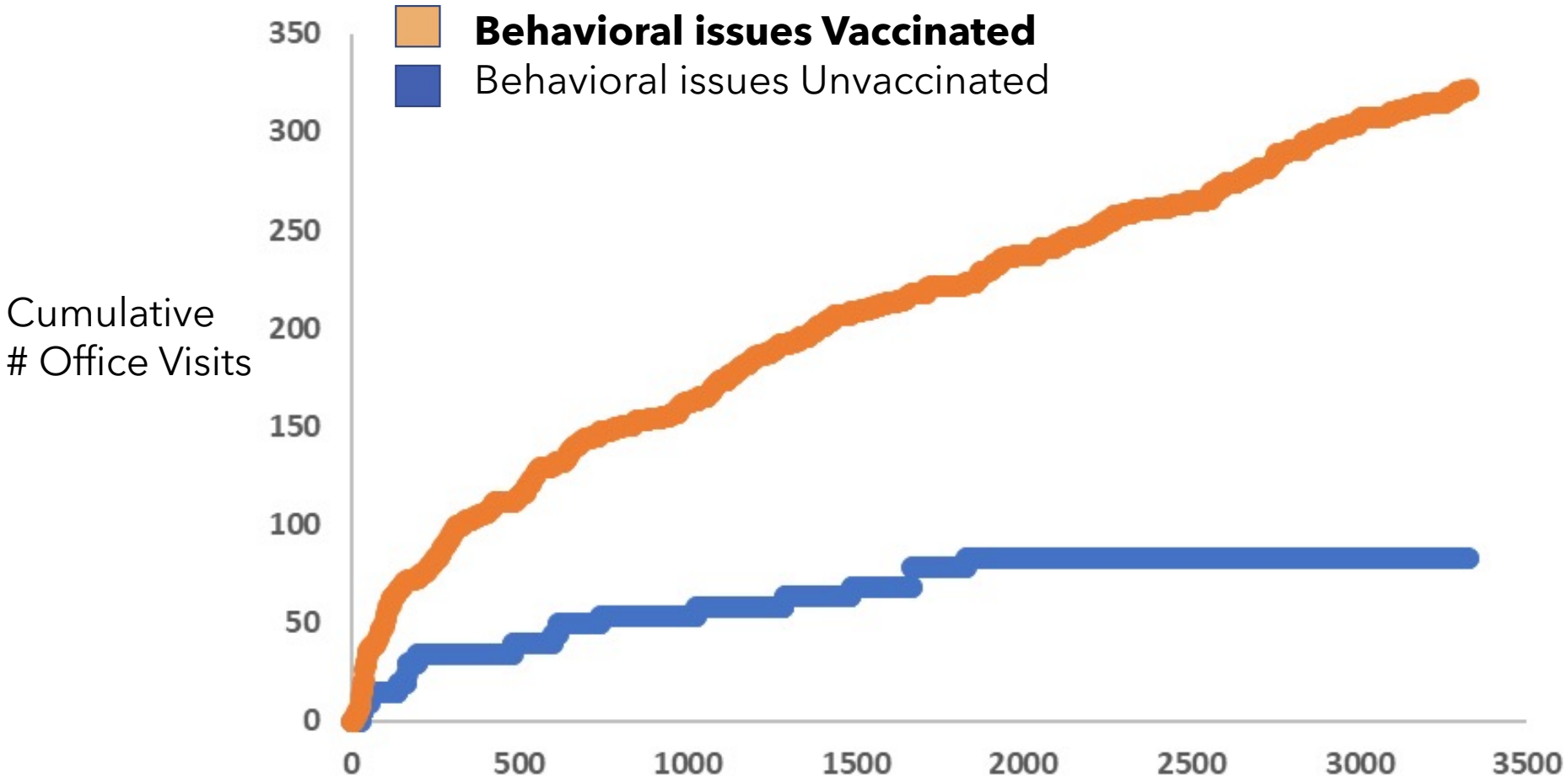

Asthma Vaccinated
Asthma Unvaccinated
Cumulative Office Visits
350
300
250
200
150
100
50
0
0
500
1000
1500
2000
2500
3000
3500
Days of Life

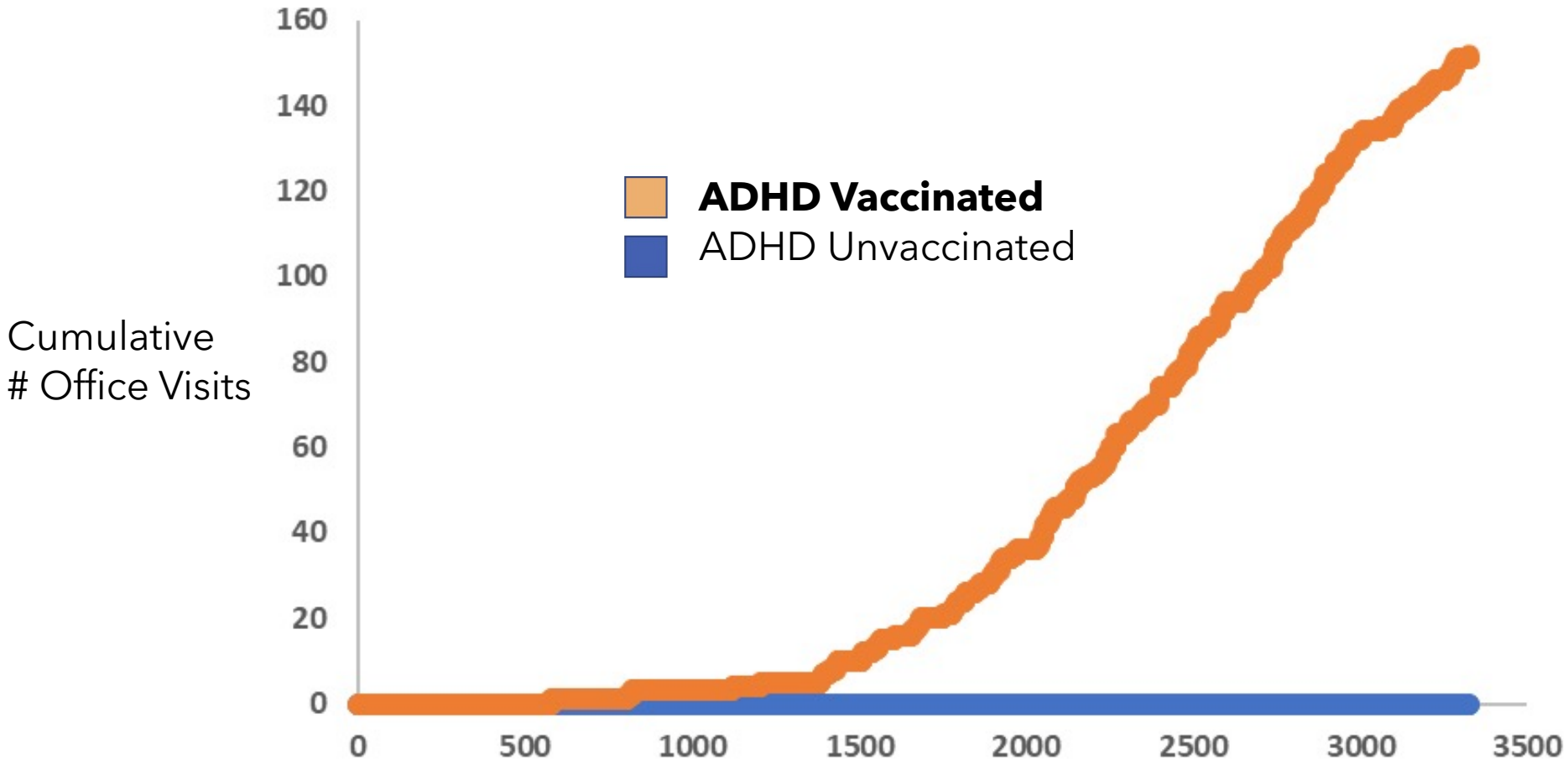

Cumulative
Office Visits
450
400
350
300
250
200
150
100
50
0
0
500
1000
1500
2000
2500
3000
3500
Allergic Rhinitis Vaccinated
Allergic Rhinitis Unvaccinated

Cumulative
Office Visits

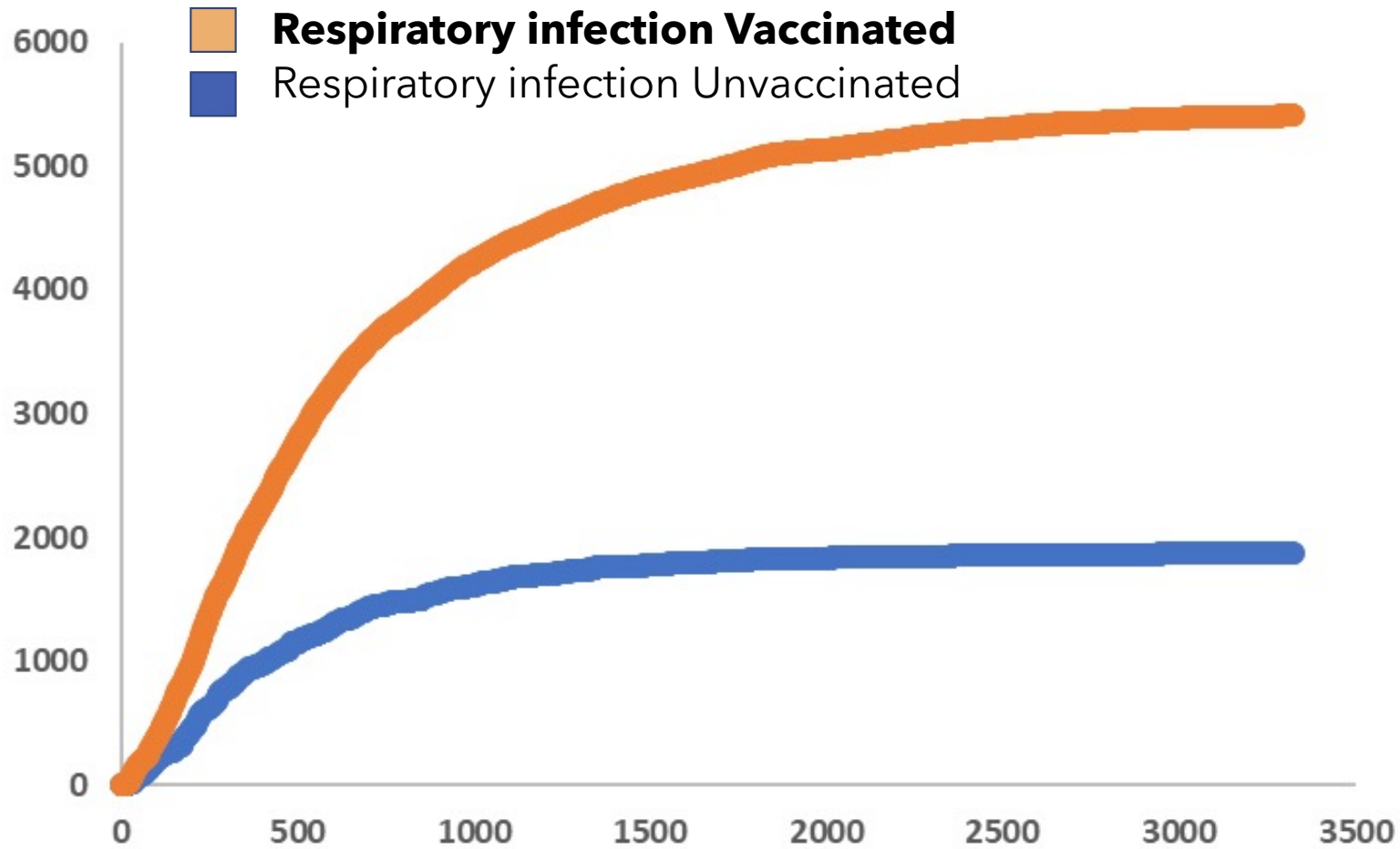


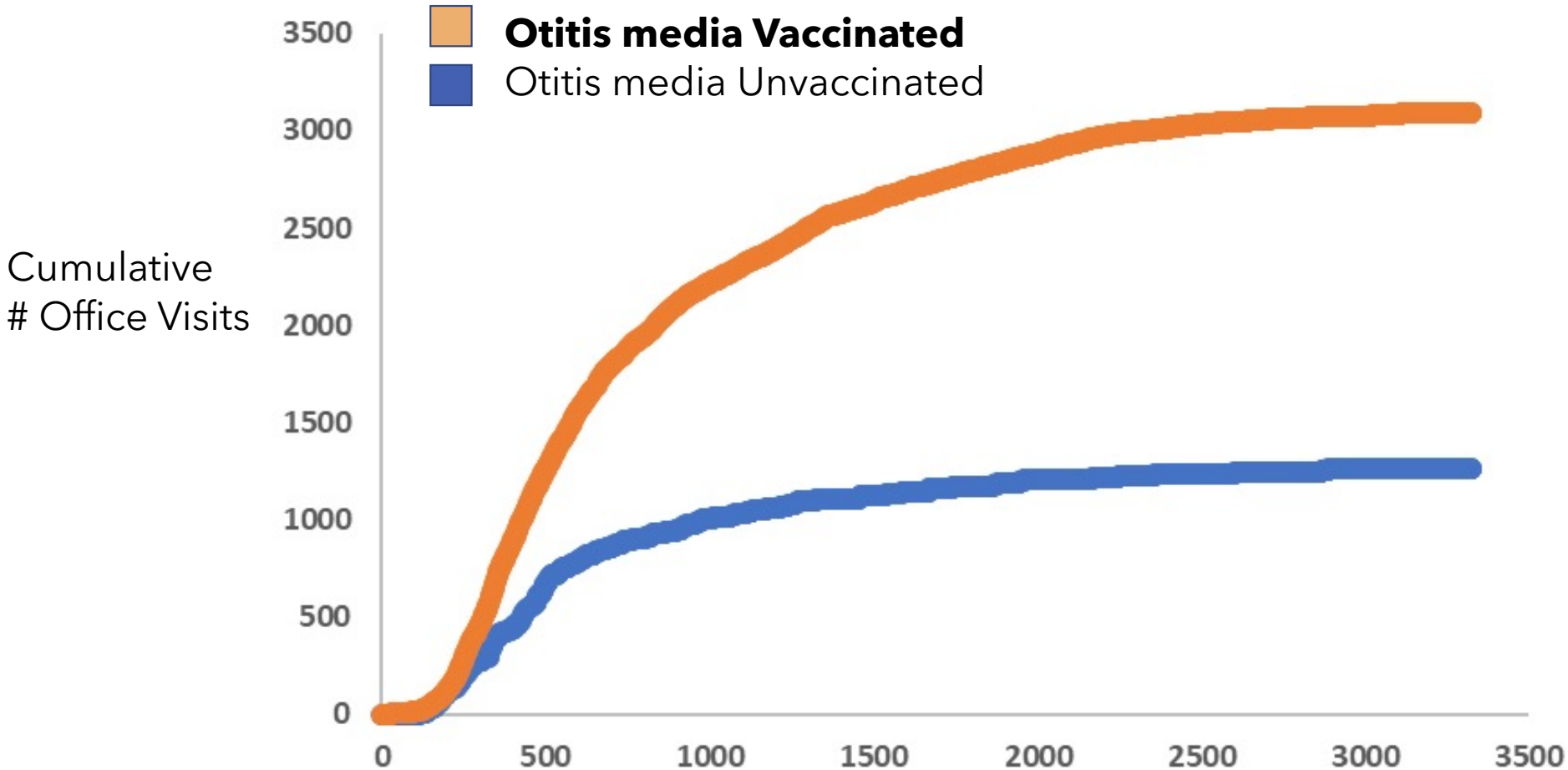

Breathing Issues Vaccinated
Breathing Issues Unvaccinated
Cumulative
Office Visits
700
600
500
400
300
200
100
0
0
500
1000
1500
2000
2500
3000
3500


Behavioral issues Vaccinated
Behavioral issues Unvaccinated
Cumulative
Office Visits
350
300
250
200
150
100
50
0
0
500
1000
1500
2000
2500
3000
3500

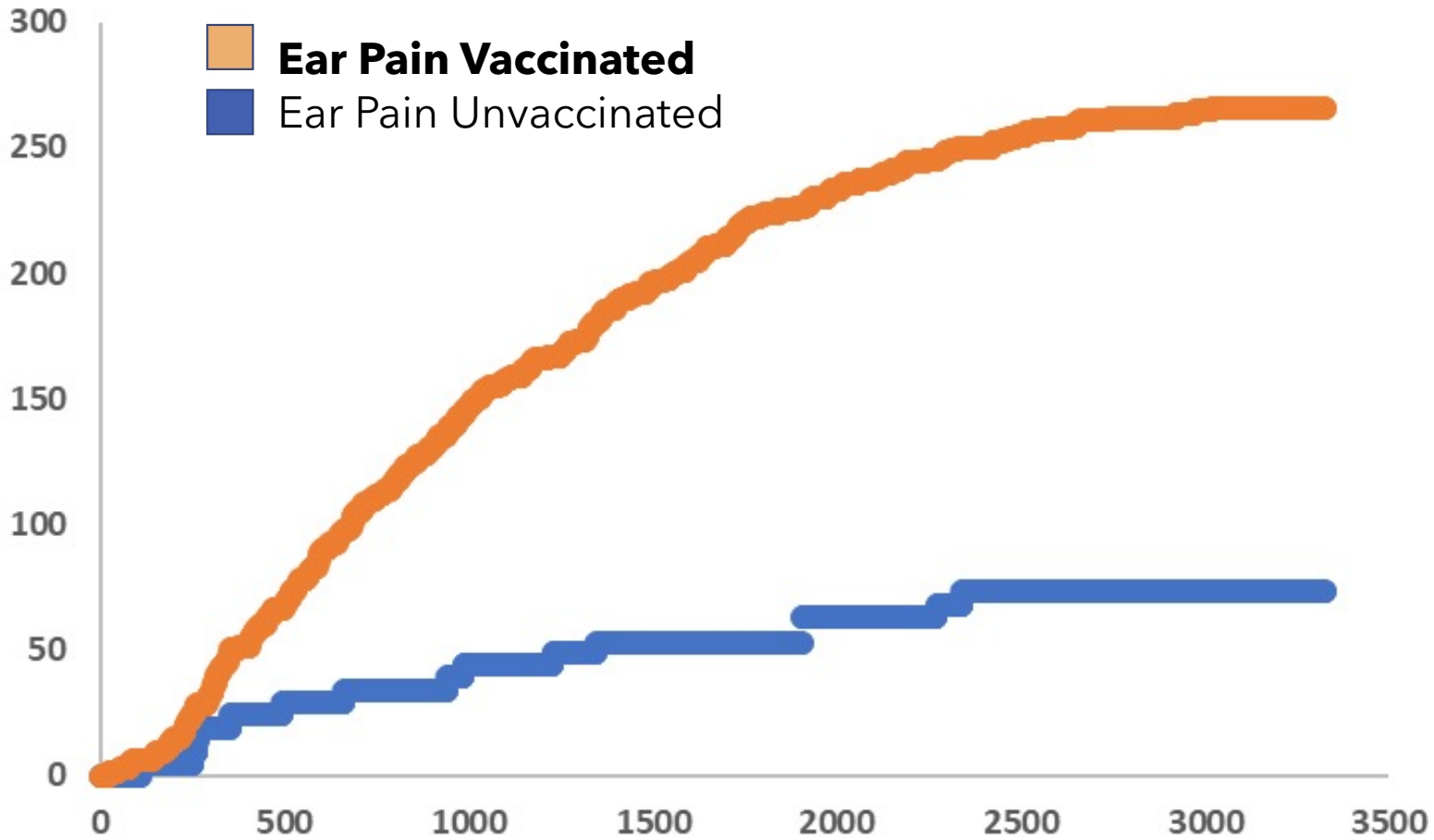

Cumulative
Office Visits
160
140
120
100
80
60
40
20
0
0
500
1000
1500
2000
2500
3000
3500
ADHD Vaccinated
ADHD Unvaccinated

Cumulative
Office Visits

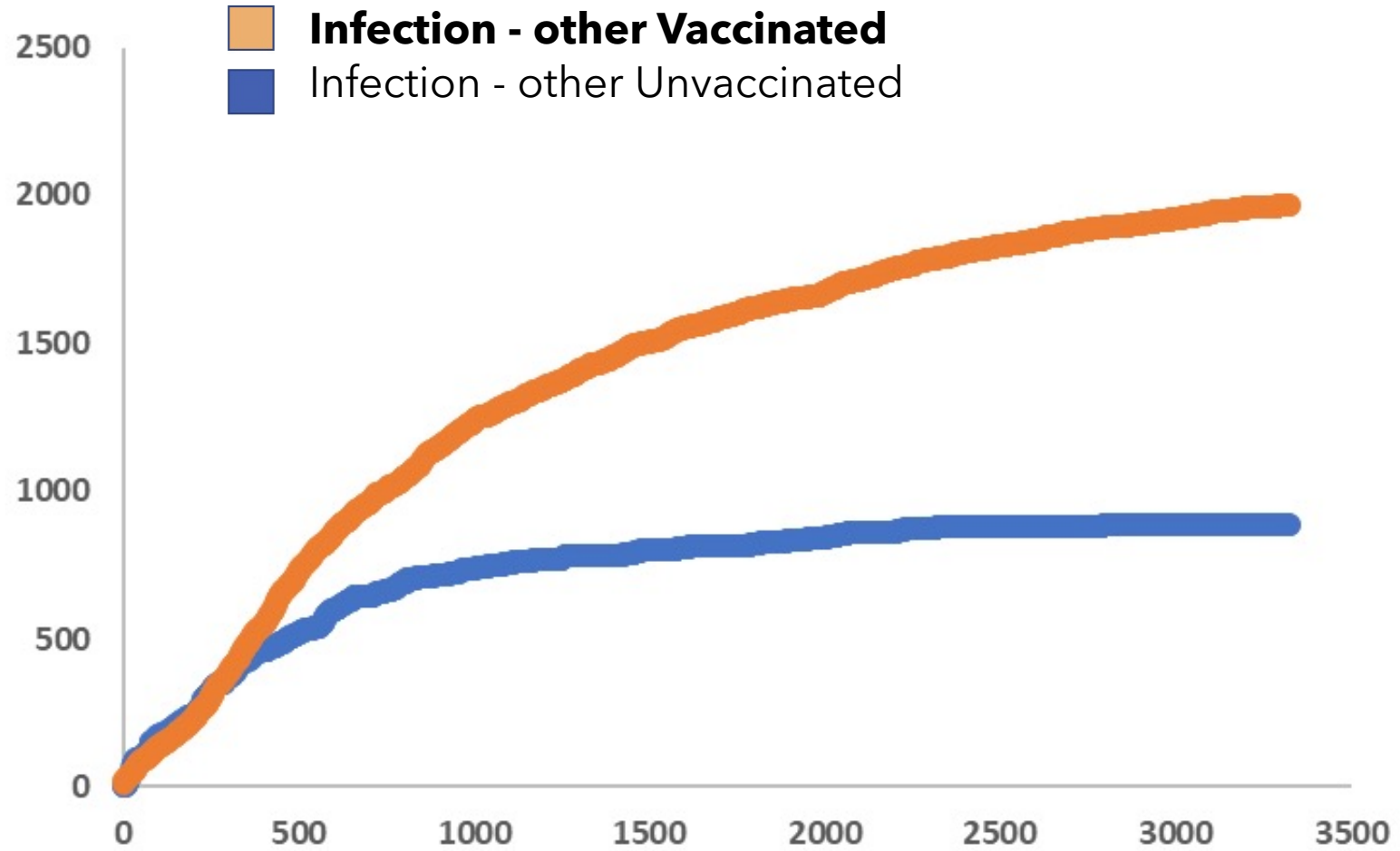


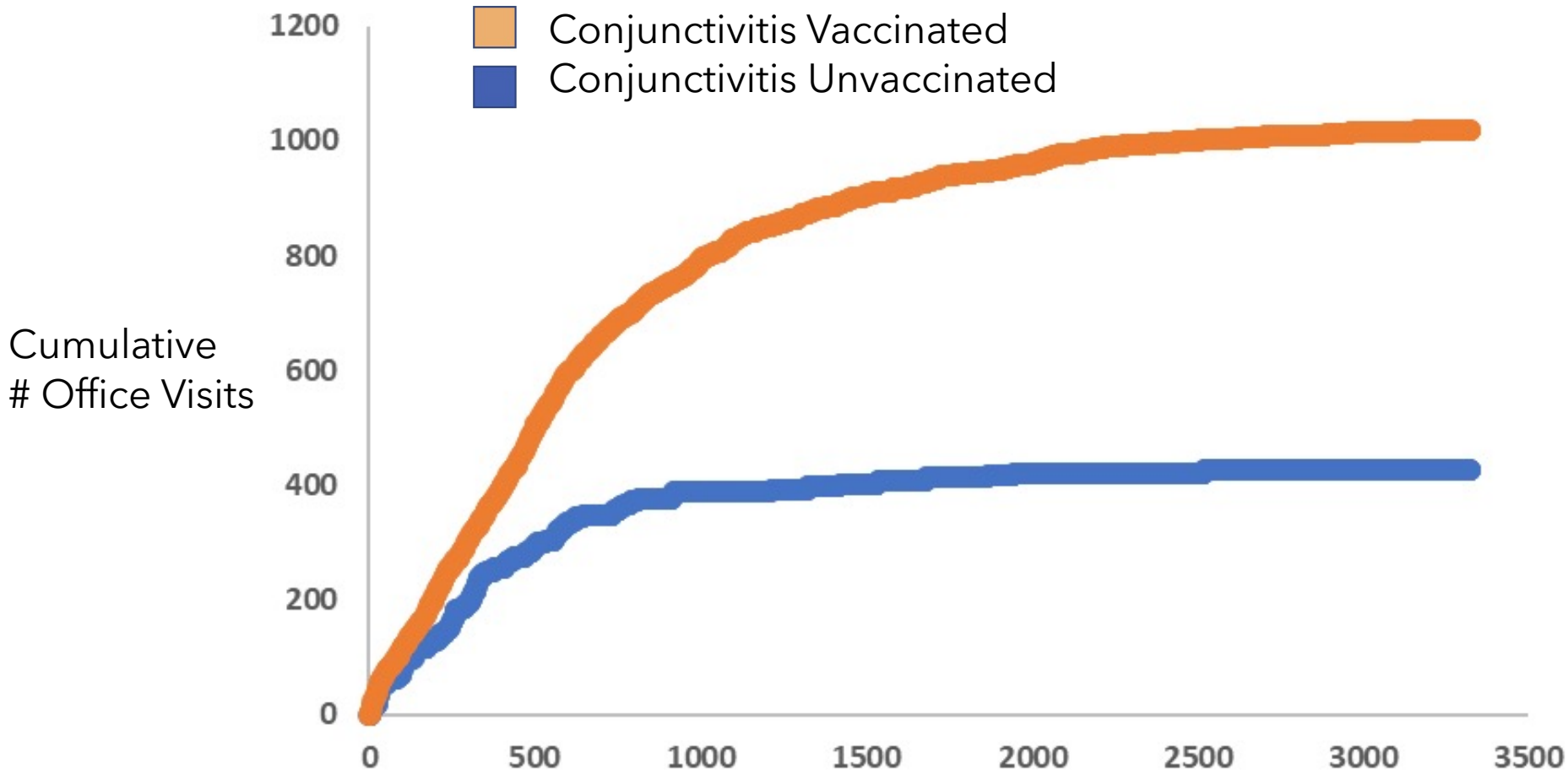

Otitis media Vaccinated
Otitis media Unvaccinated
Cumulative
Office Visits
3500
3000
2500
2000
1500
1000
500
0
0
500
1000
1500
2000
2500
3000
3500

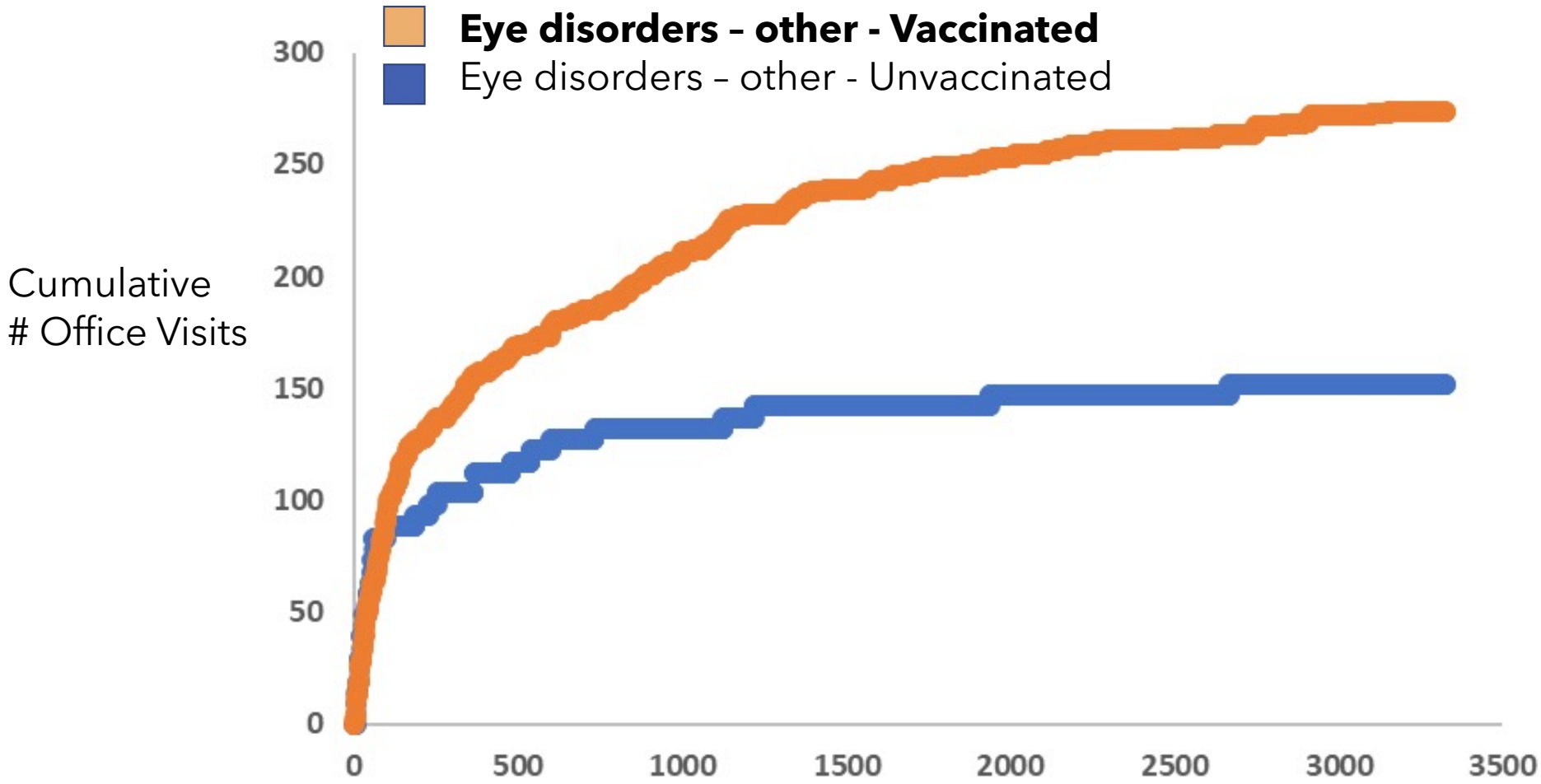
Cumulative
Office Visits

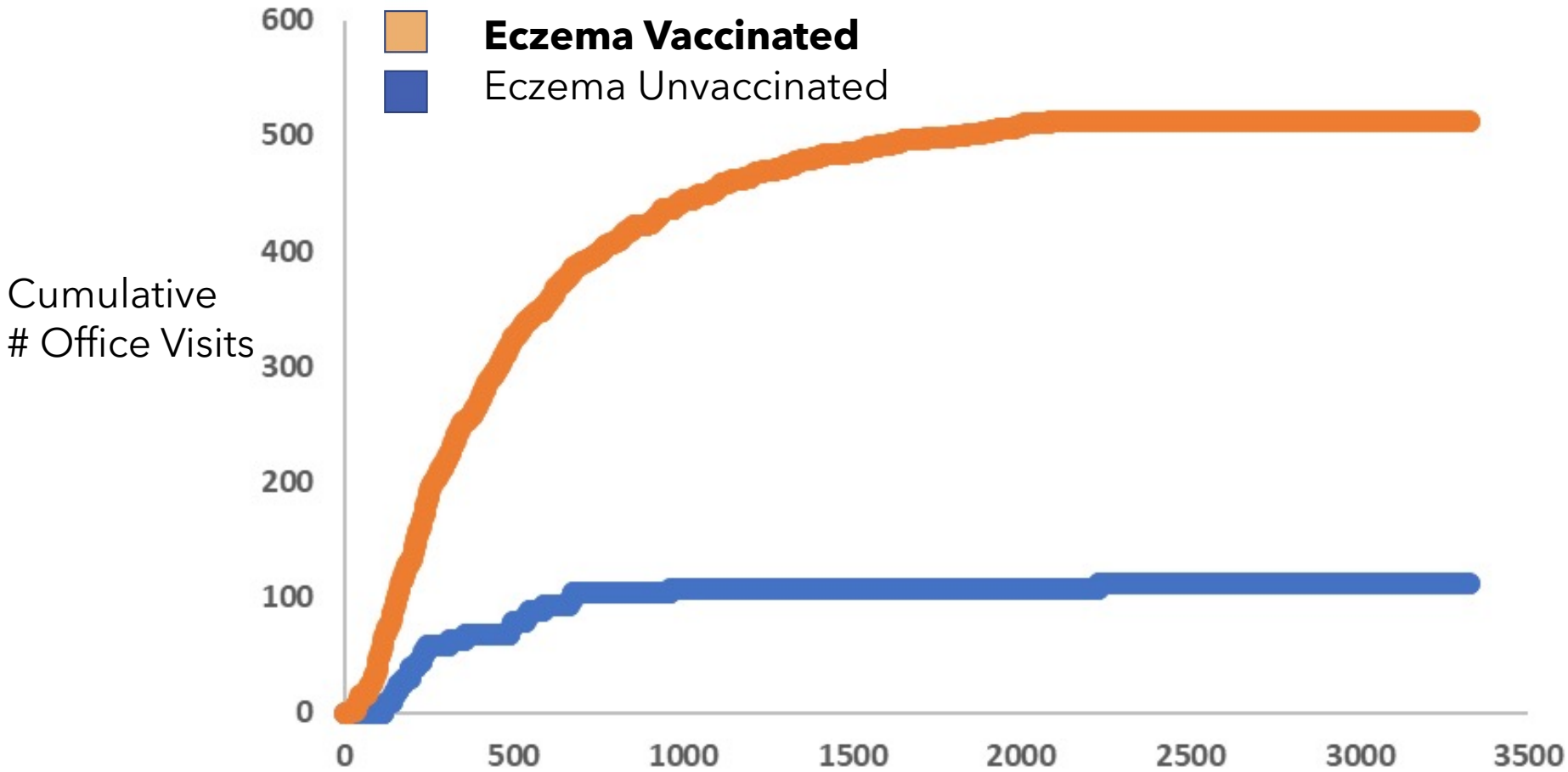


Cumulative
Office Visits

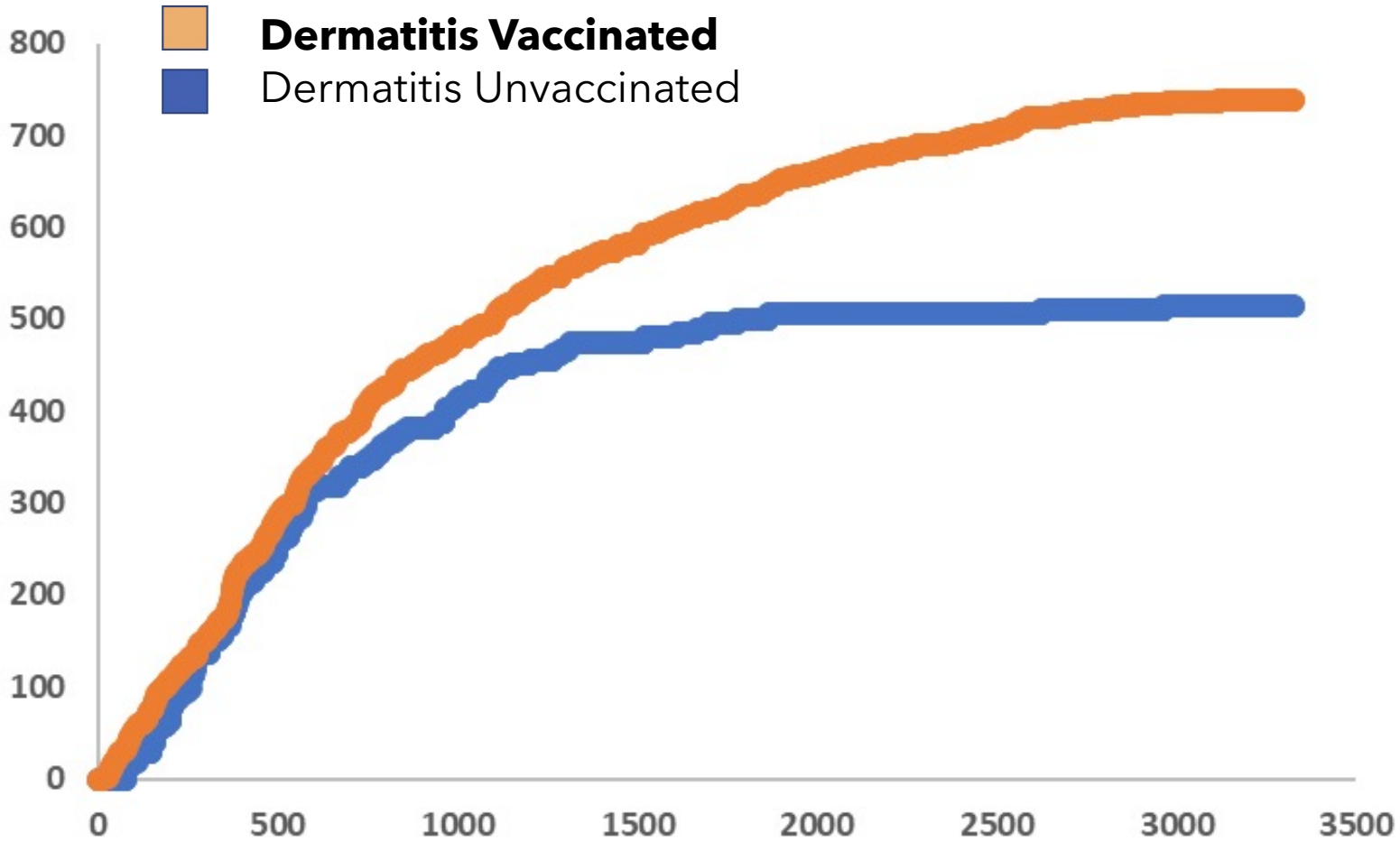


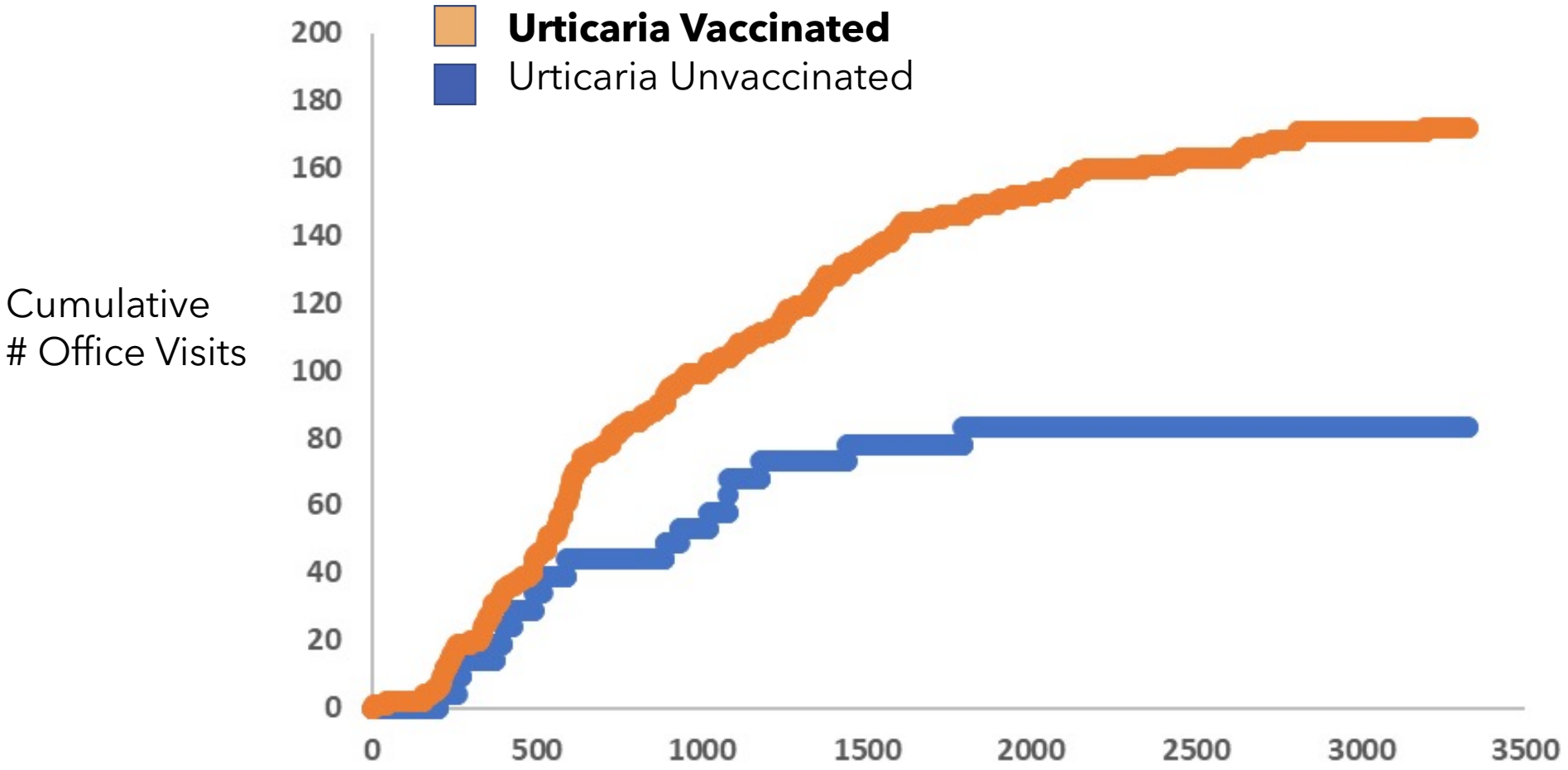

Conjunctivitis Vaccinated
Conjunctivitis Unvaccinated
Cumulative
Office Visits
1200
1000
800
600
400
200
0
0
500
1000
1500
2000
2500
3000
3500

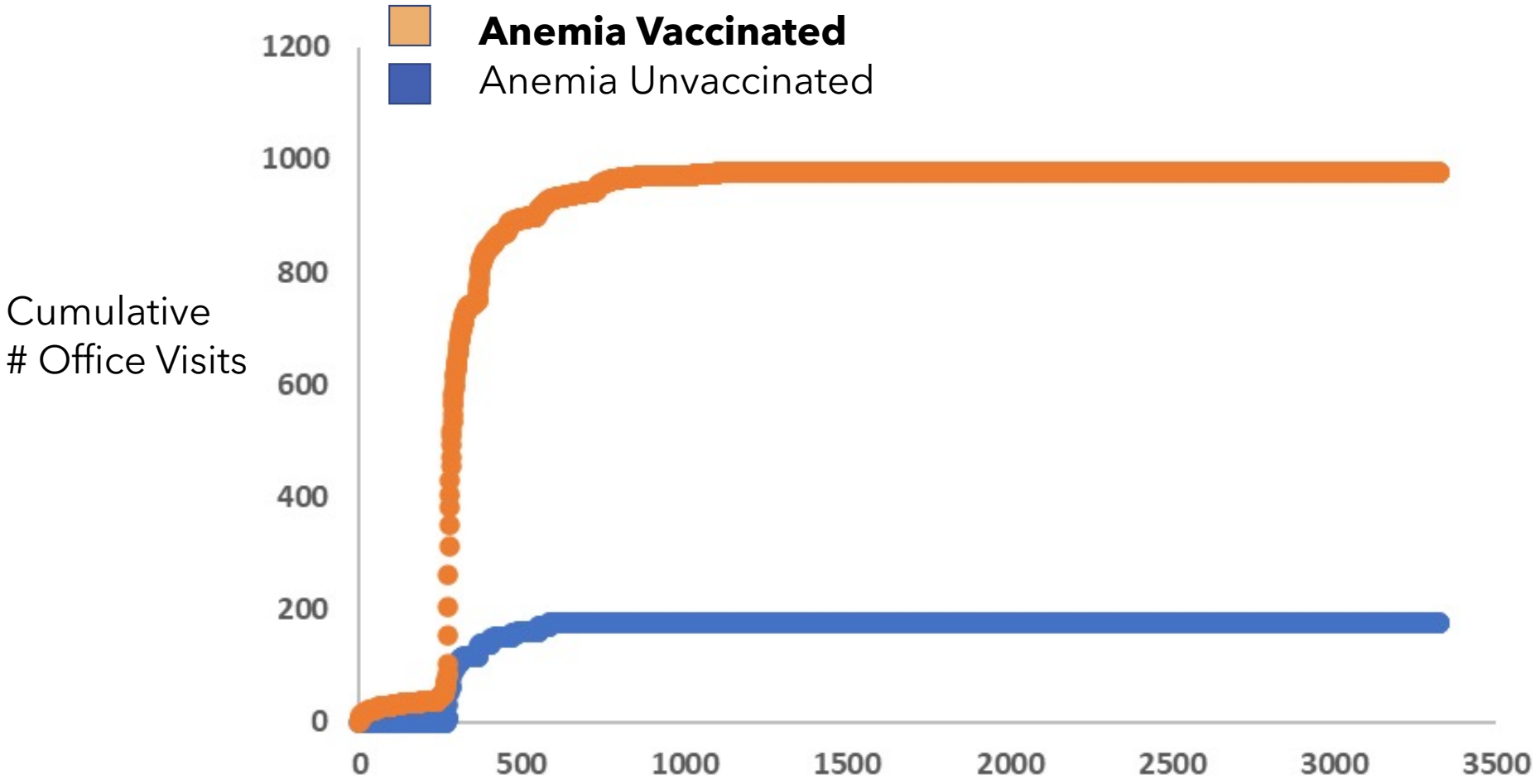

Eye disorders – other - Vaccinated
Eye disorders – other - Unvaccinated
Cumulative
Office Visits
300
250
200
150
100
50
0
0
500
1000
1500
2000
2500
3000
3500

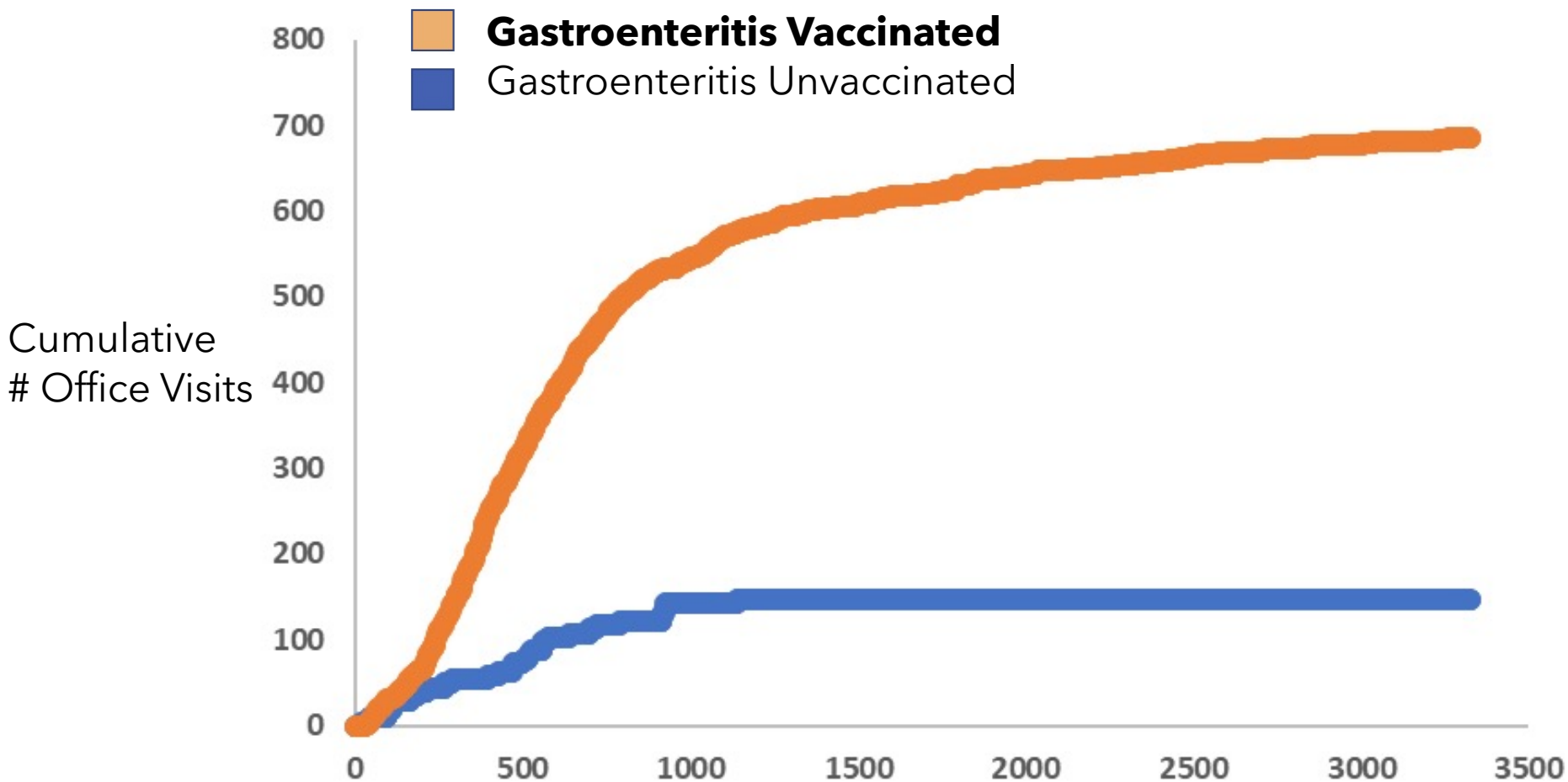

Eczema Vaccinated
Eczema Unvaccinated
Cumulative
Office Visits
600
500
400
300
200
100
0
0
500
1000
1500
2000
2500
3000
3500

Cumulative
Office Visits



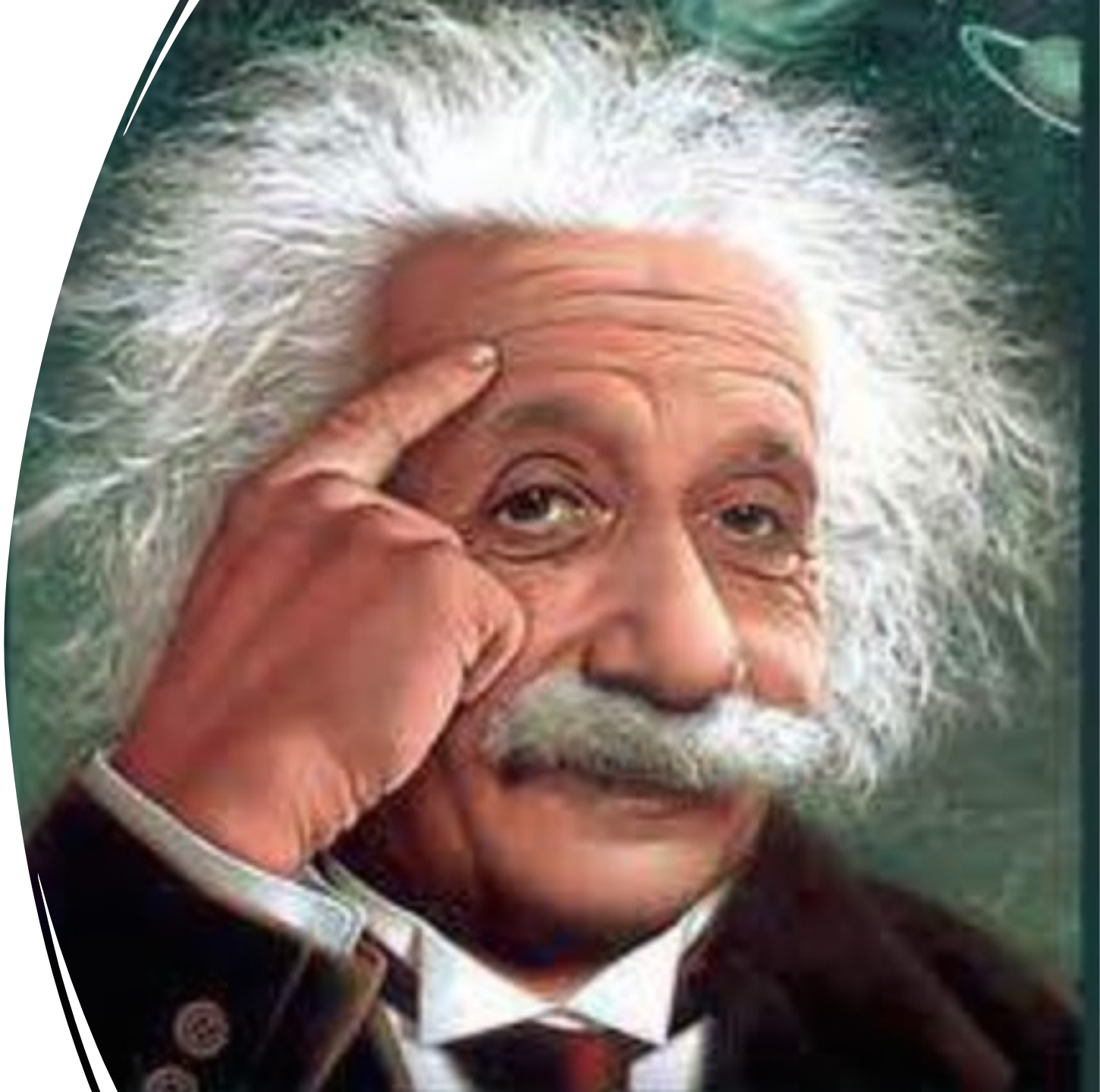

Urticaria Vaccinated
Urticaria Unvaccinated
Cumulative
Office Visits
200
180
160
140
120
100
80
60
40
20
0
0
500
1000
1500
2000
2500
3000
3500


Anemia Vaccinated
Anemia Unvaccinated
Cumulative
Office Visits
1200
1000
800
600
400
200
0
0
500
1000
1500
2000
2500
3000
3500


Gastroenteritis Vaccinated
Gastroenteritis Unvaccinated
Cumulative
Office Visits
800
700
600
500
400
300
200
100
0
0
500
1000
1500
2000
2500
3000
3500

What was the response to the publication of THIS landmark study?

Oregon Medical Board issues an Emergency suspension of Dr Paul Thomas's license to practice medicine.



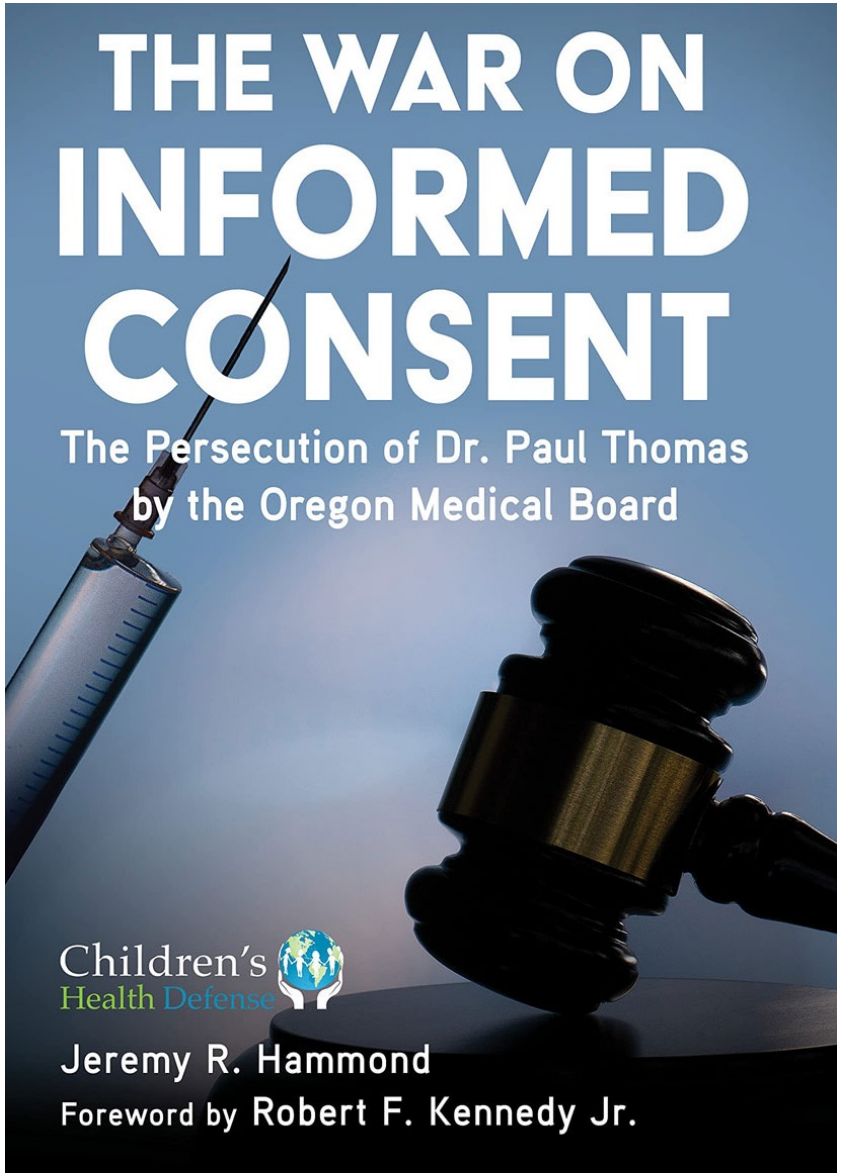
BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of	)	
	)	
PAUL NORMAN THOMAS, MD	)	ORDER OF EMERGENCY
LICENSE NO. MD15689	)	SUSPENSION
	)	

By order of the Oregon Medical Board, the license of Paul Norman Thomas, MD to practice medicine is hereby suspended, effective December 3, 2020, at 5:15 p.m. Pacific Time. As of this date and time, Licensee must stop practicing medicine until further order of the Board.


THE WAR ON
INFORMED
CONSENT
The Persecution of Dr. Paul Thomas
by the Oregon Medical Board
Children's
Health Defense
Jeremy R. Hammond
Foreword by Robert F. Kennedy Jr.

International Journal of
Environmental Research and Public Health

MDPI

Retraction

Retraction: Lyons-Weiler, J. and Thomas, P. Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis of Vaccination. *Int. J. Environ. Res. Public Health* 2020, *17*, 8674

James Lyons-Weiler [1,*] and Paul Thomas [2]

[1] The Institute for Pure and Applied Knowledge, Pittsburgh, PA 15101, USA
[2] Integrative Pediatrics, Portland, OR 97225, USA; paulthomasmd@drpaul.md
* Correspondence: jim@ipaknowledge.org

The journal retracts the article "Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses along the Axis of Vaccination" cited above [1]. Following pub-

International Journal of Vaccine Theory, Practice, and Research

IJVTPR

Vaccine Practice Payment Schedules Create Perverse Incentives for Unnecessary Medical Procedures – at What Cost to Patients?

James Lyons-Weiler, PhD[1] and Paul Thomas, MD[2]

THE CONTROL GROUP

HEALTH FREEDOM LITIGATORS

Greg Glaser & Ray Flores

The Control Group + 5000 pages showing vaccines are destroying public health – submitted to supreme court

From Greg Glaser:

Joy and I filed our Supreme Court brief today:

https://informedconsentdefense.files.wordpress.com/2021/08/scotus-brief-tcg-august-26-2021-final.pdf

August 26th 2021

The Count: How many entirely unvaccinated “controls” in the USA?

Over 99.74% of Americans alive in 2020 had been exposed to vaccines.

That leaves 0.26% unvaccinated

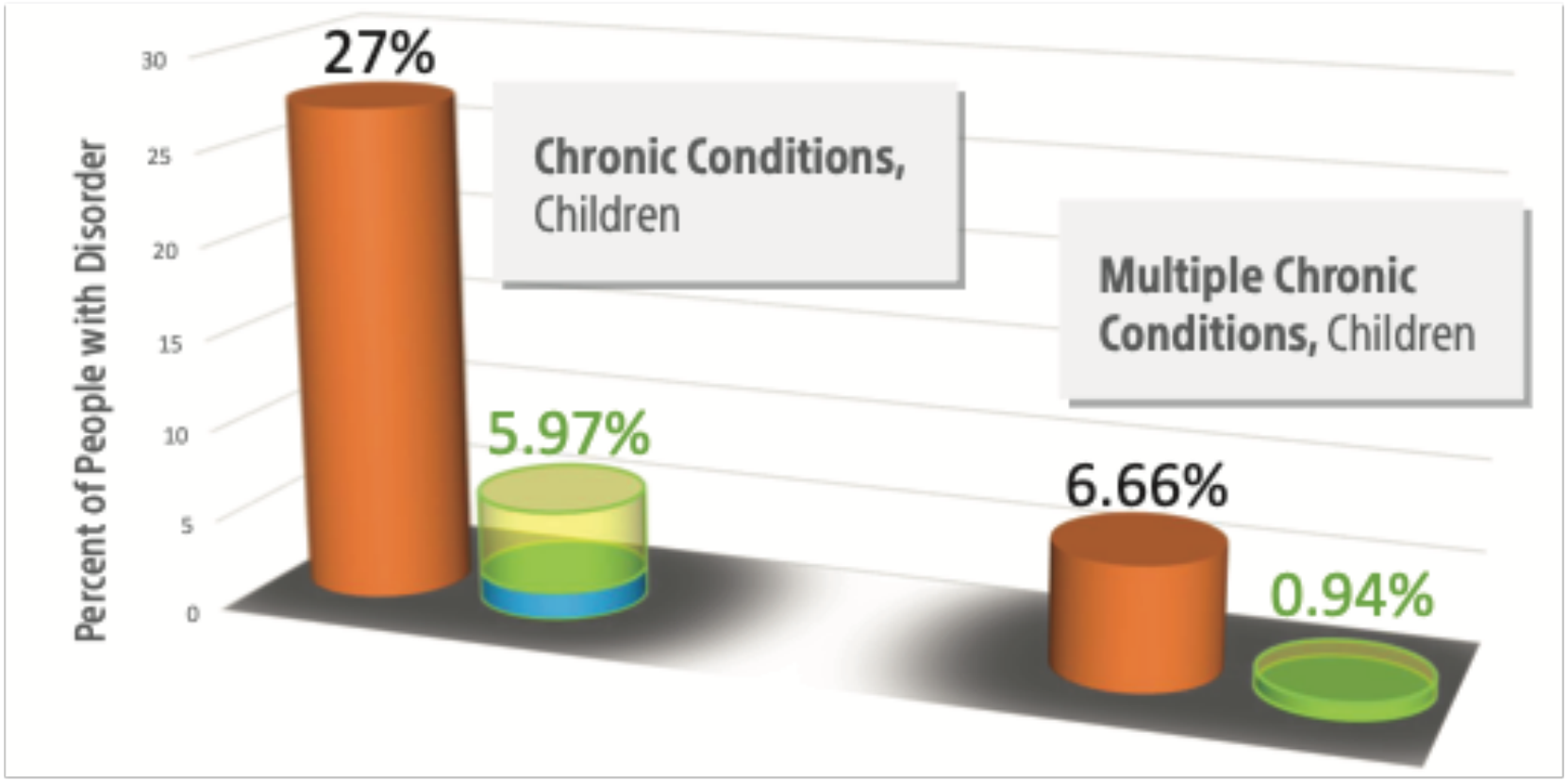
The control group!

Number of American States Surveyed: 48
a total of 1,482 qualified (unvaccinated post-birth) parties were surveyed. The only two (2) States that were not surveyed, were Iowa and Mississippi.

Total Surveyed (All Countries Sampled): 1,544
thecontrolgroup.org

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

- **Risk Factor in Total Population = 5.97%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic illness in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 84,721,527,559,728,800,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 1.18E-83. See full report for detailed explanation.

  Subsets - Chronic Conditions

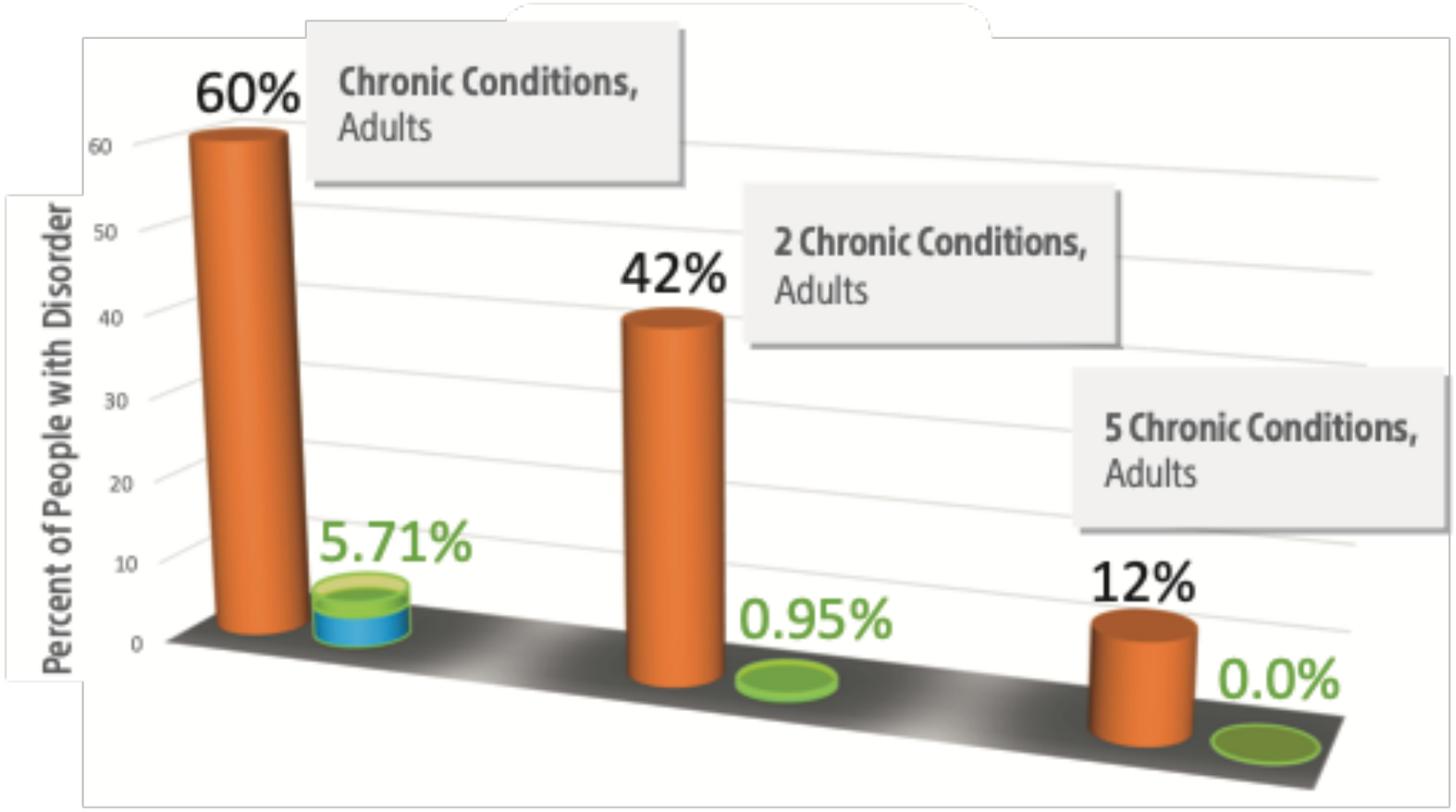
  - **13.32%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - **2.25%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

- **Risk Factor in Total Population = 0.94%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic illness in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 166,208,057,027,308,000,000,000. This calculation is supported by the p-value 6.02E-24. See full report for

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."

Unvaccinated Population

- **Risk Factor in Total Population = 5.71%**
  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic illness in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 245,083,100,778,672,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 4.08E-63. See full report for detailed explanation.

  Subsets - Chronic Conditions

  - △ **12.50%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - ▲ **4.49%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

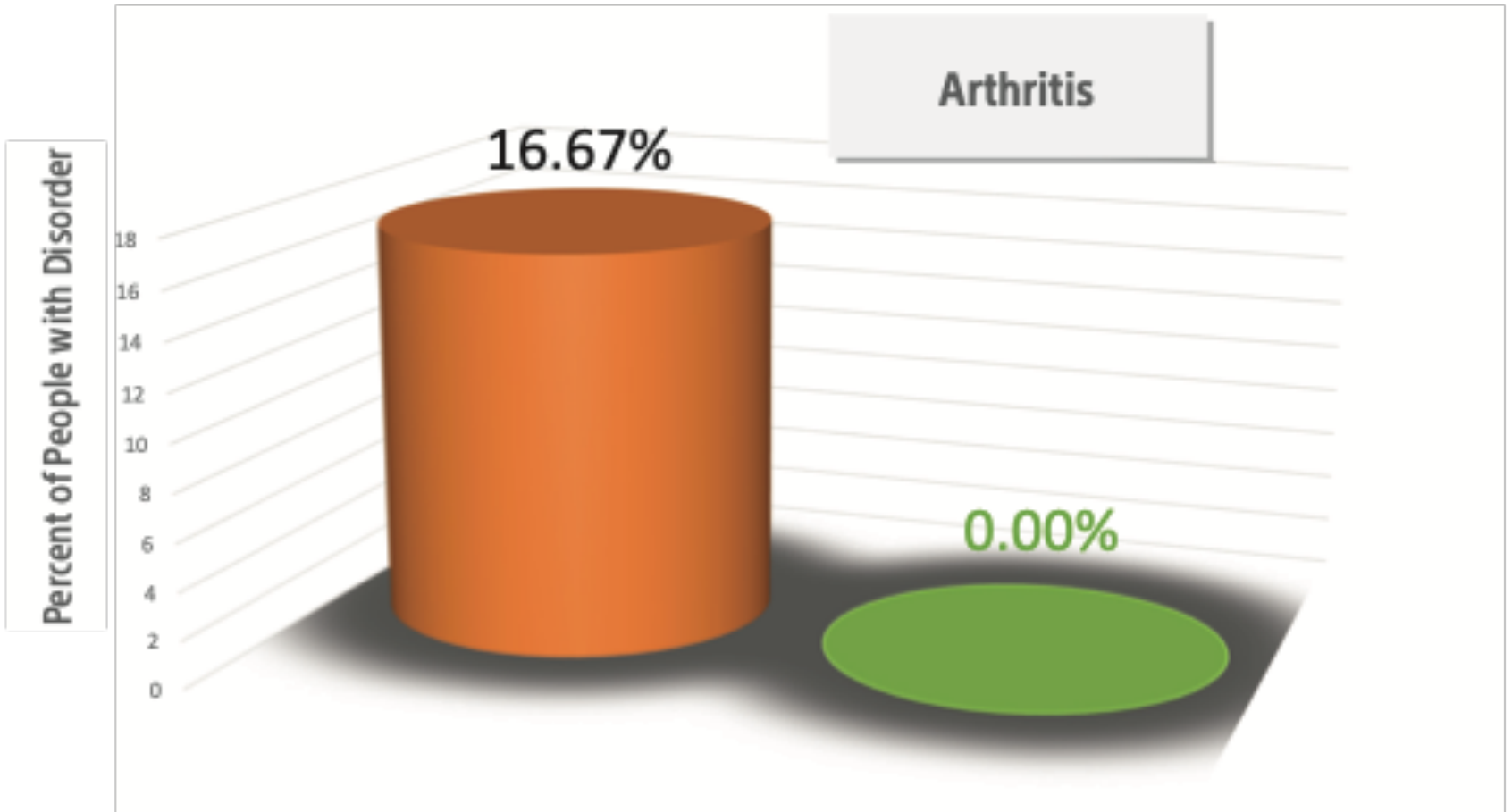
- **Risk Factors in Total Population = 0.95%**
  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic illness in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 4,105,862,277,506,450,000,000,000,000,000,000,000,000,000,00. This calculation is supported by the p-value 2.44E-46. See full report for detailed explanation.

  Subsets - 2 Chronic Conditions

  - △ **3.13%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - ▲ **0.56%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED

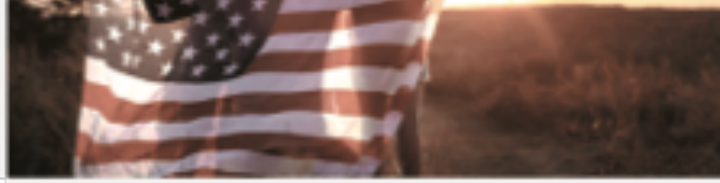


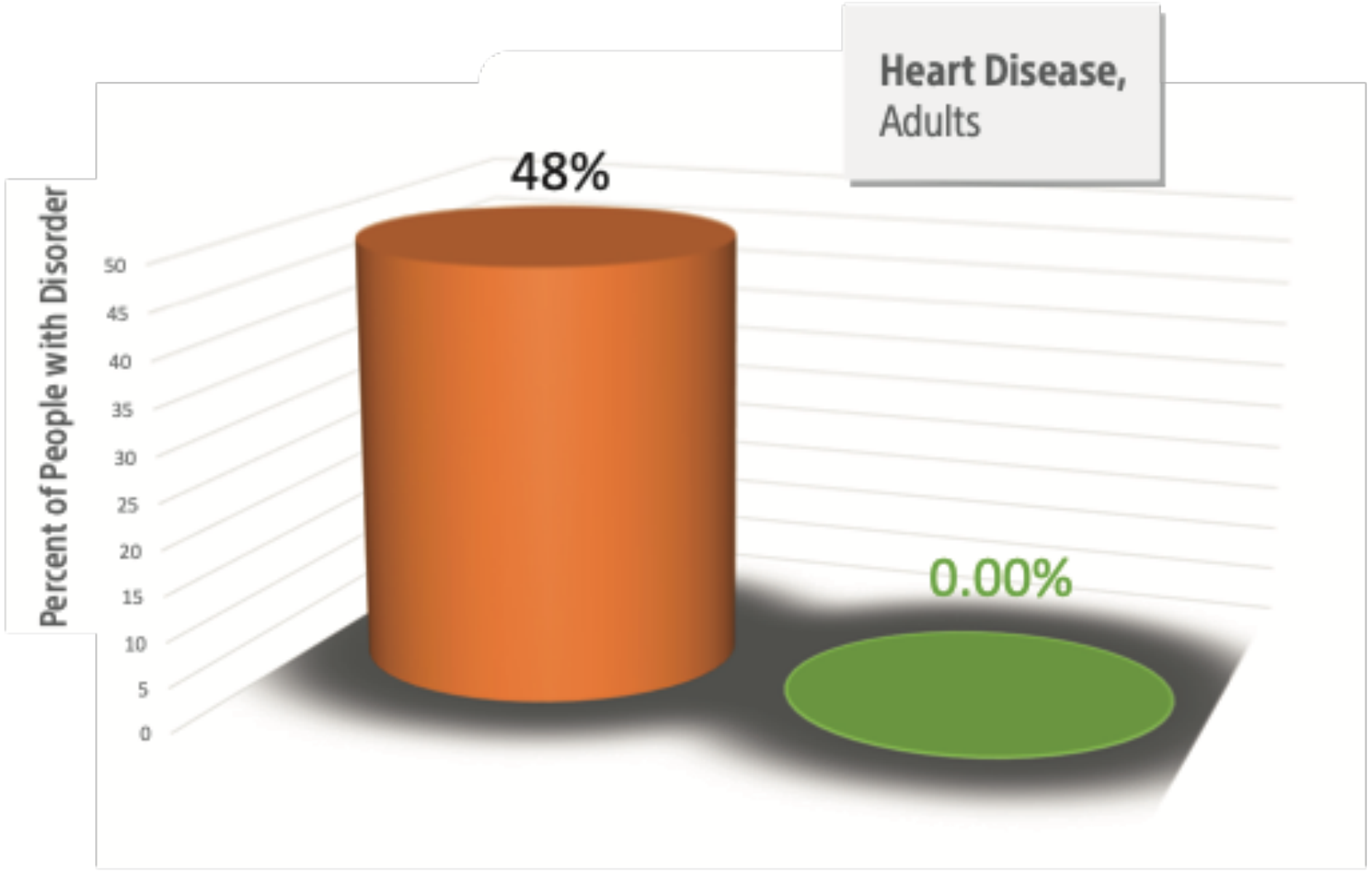
Unvaccinated Population

Risk Factor in Total Population = 0.00%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of arthritis in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 42,826,227,194,256,900. This calculation is supported by the p-value 2.34E-17. See full report for detailed explanation.

VACCINATED -VS- UNVACCINATED





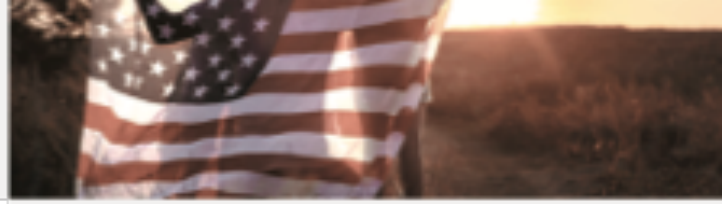
Unvaccinated Population

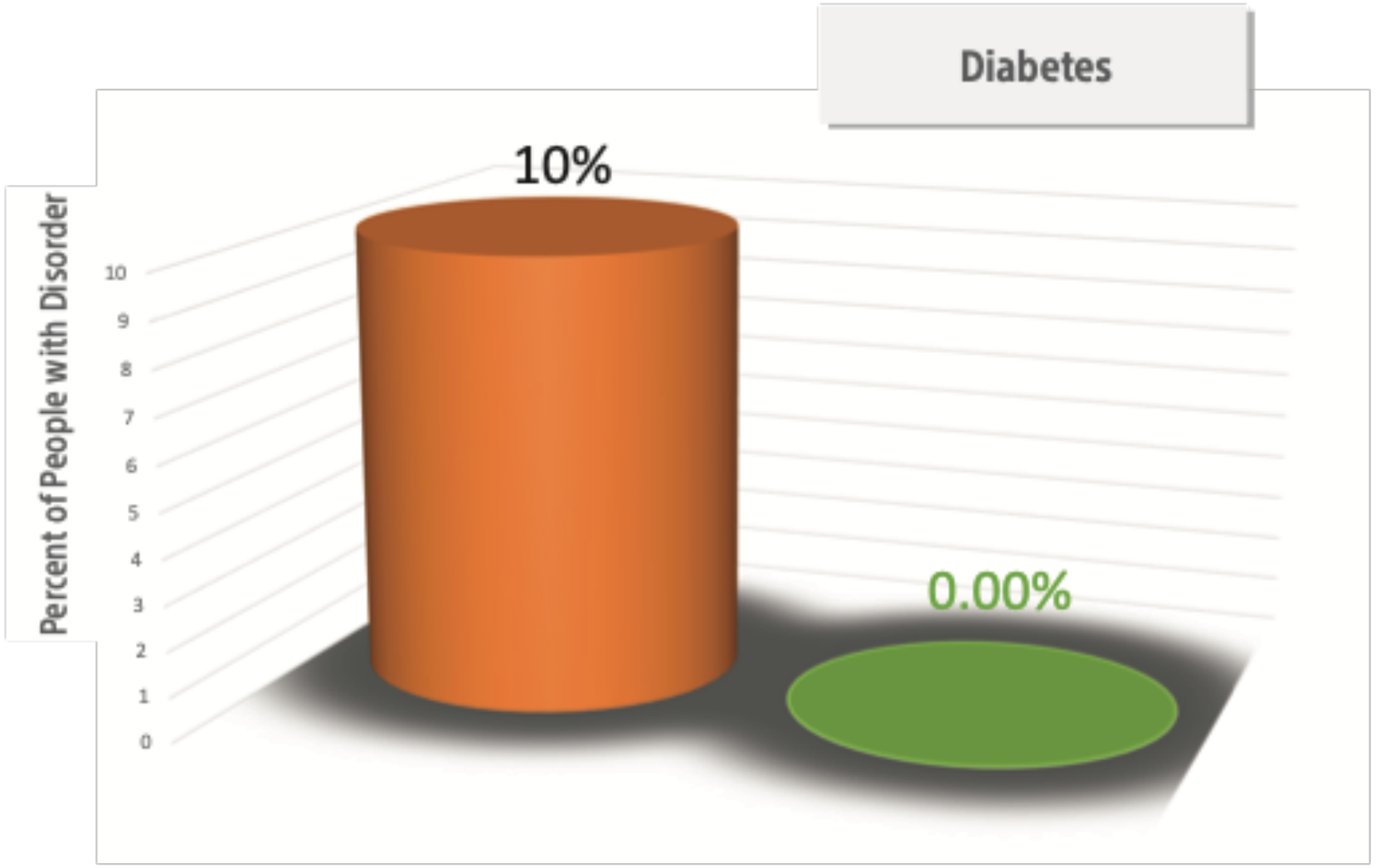
Risk Factor in Total Population = 0.0%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of heart disease in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: infinite / incalculable. This calculation is supported by an infinitesimal p-value. See full report for detailed explanation.

"The cure cannot be worse than the problem itself."

VACCINATED -vs- UNVACCINATED





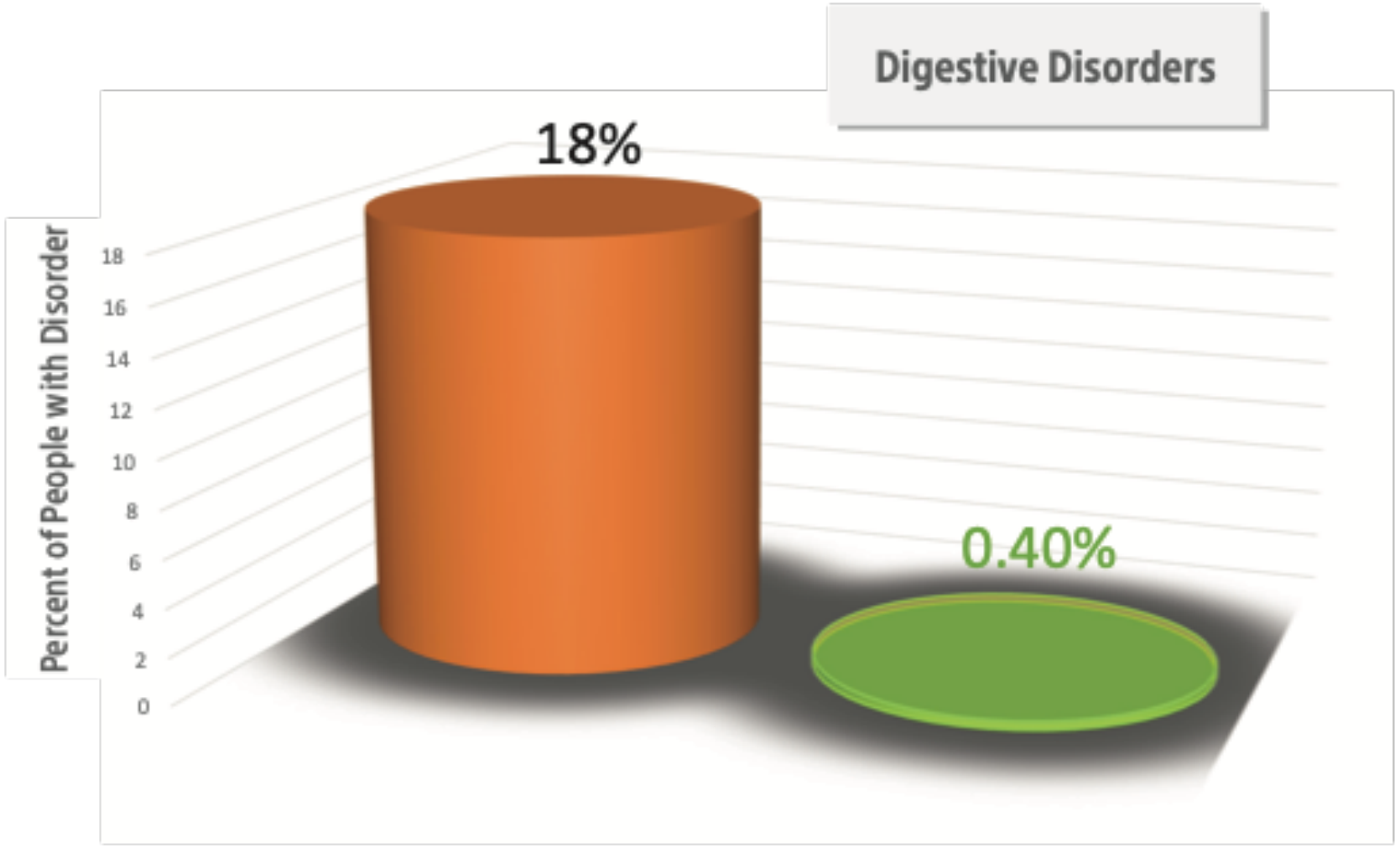
Unvaccinated Population

Risk Factor in Total Population = 0.0%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of diabetes in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 64,953,268,637,406,300,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 1.54E-68. See full report for detailed explanation.

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

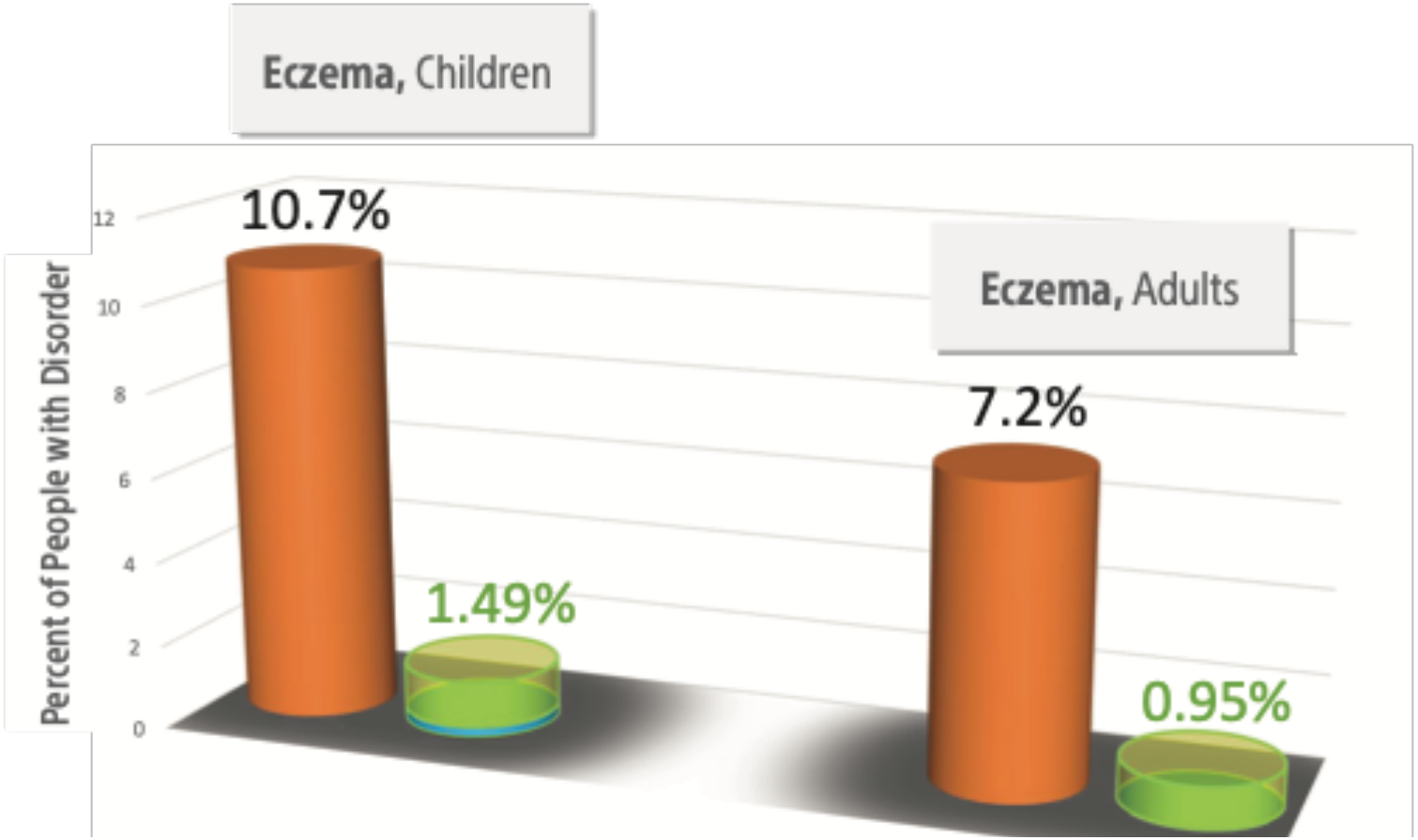
Risk Factor in Total Population = 0.40%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of digestive disorders in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 32,186,709,336,657,400,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 3.11E-116. See full report for detailed explanation.

Subsets

- **1.09%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.12%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

- **Risk Factor in Total Population, Children = 1.49%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of eczema in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 133,383,762,863,829,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 7.50E-39. See full report for detailed explanation.

  Subsets

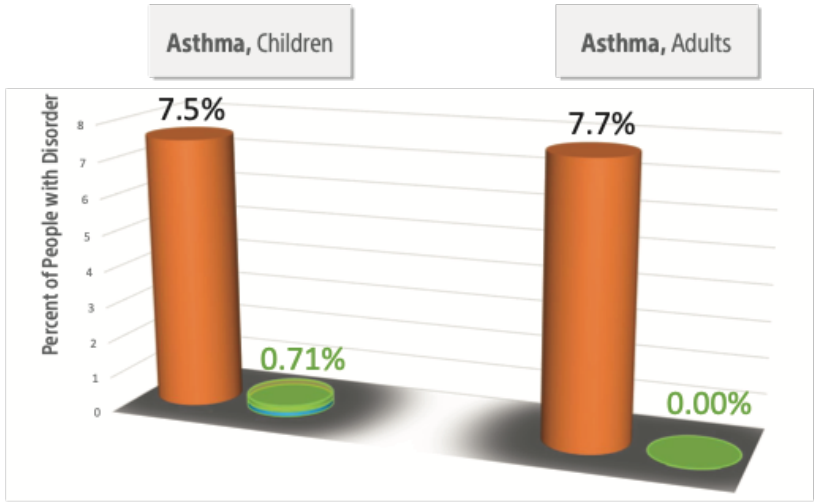
  - **3.27%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - **0.36%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

- **Risk Factor in Total Population, Adults = .95%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of eczema in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 43,711. This calculation is

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

THE CONTROL GROUP LITIGATION

- U.S. National data for approximately 99%+ Vaccinated Population (CDC, Asthma. https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm)
- Pilot survey data for 100% Unvaccinated Control Group

Unvaccinated Population

Risk Factor in Total Population, Children = 0.71%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of asthma in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 3,017,587,025,023,760,000,000,000,000,000. This calculation is supported by the p-value 3.31E-31. See full report for detailed explanation.

Subsets

- **1.64%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.24%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

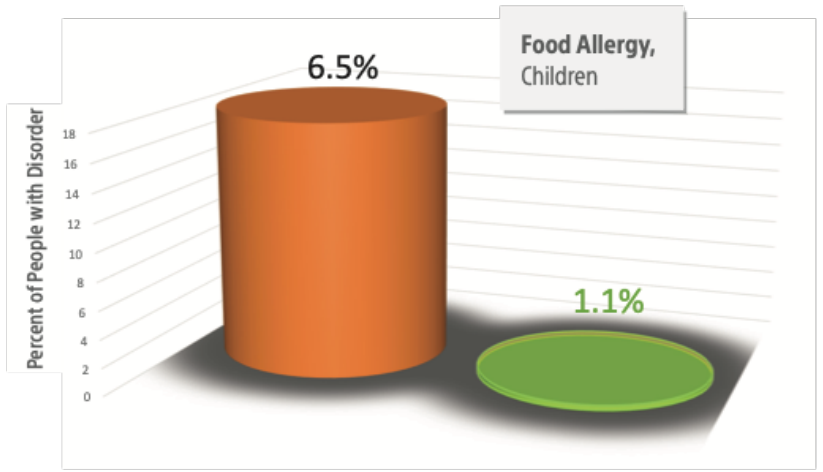
Risk Factor in Total Population, Adults = 0.00%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of asthma in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 20,306,860. This calculation is supported by the p-value 4.92E-08. See full report for detailed explanation.

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population
  (CDC, Summary Health Statistics: National Health Interview Survey, 2018. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2018_SHS_Table_C-2.pdf)
- Pilot survey data for 100% Unvaccinated Control Group
  - △ Unvaccinated but exposed to K-shot and/or maternal vaccination
  - ▲ Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP
LITIGATION

Unvaccinated Population

- **Risk Factor in Total Population = 1.10%**

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of food allergy in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 592,075,437,482,422,000,000. This calculation is supported by the p-value 1.69E-21. See full report for detailed explanation.

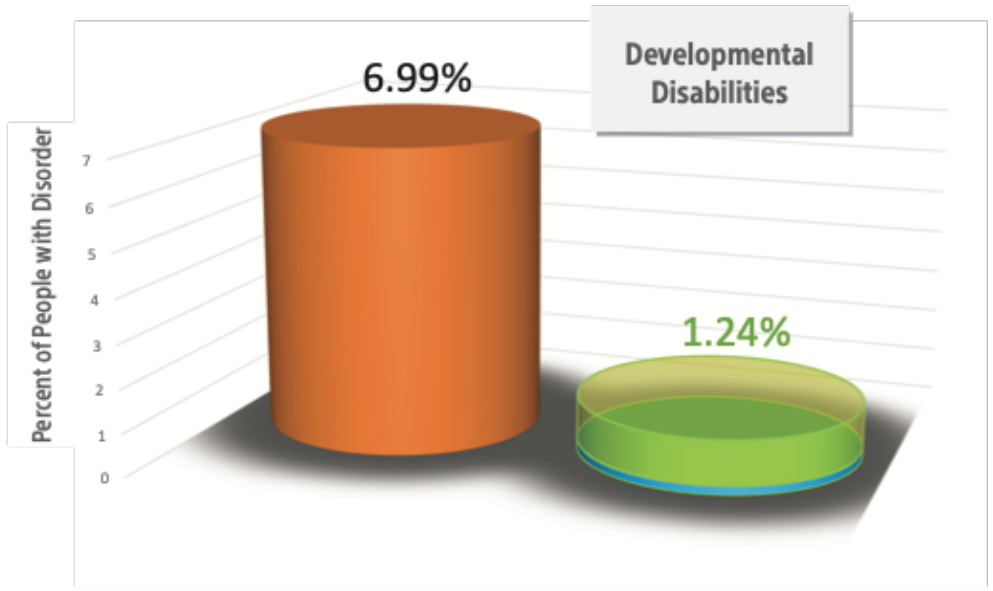
Subsets

- △ **1.87%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- ▲ **0.71%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population (CDC, NCHS Data Brief No. 291. https://www.cdc.gov/nchs/products/databriefs/db291.htm)
- Pilot survey data for 100% Unvaccinated Control Group
  - △ Unvaccinated but exposed to K-shot and/or maternal vaccination
  - ▲ Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP
LITIGATION

Unvaccinated Population

- **Risk Factor in Total Population = 1.24%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of developmental disabilities in America. Specifically, the odds that this large control group of unvaccinated children age 3-17 (as featured on this chart) would be exponentially healthier than vaccinated children age 3-17 by mere chance: 1 in 53,393,538,932,590,800. This calculation is supported by the p-value 1.87E-17. See full report for detailed explanation.

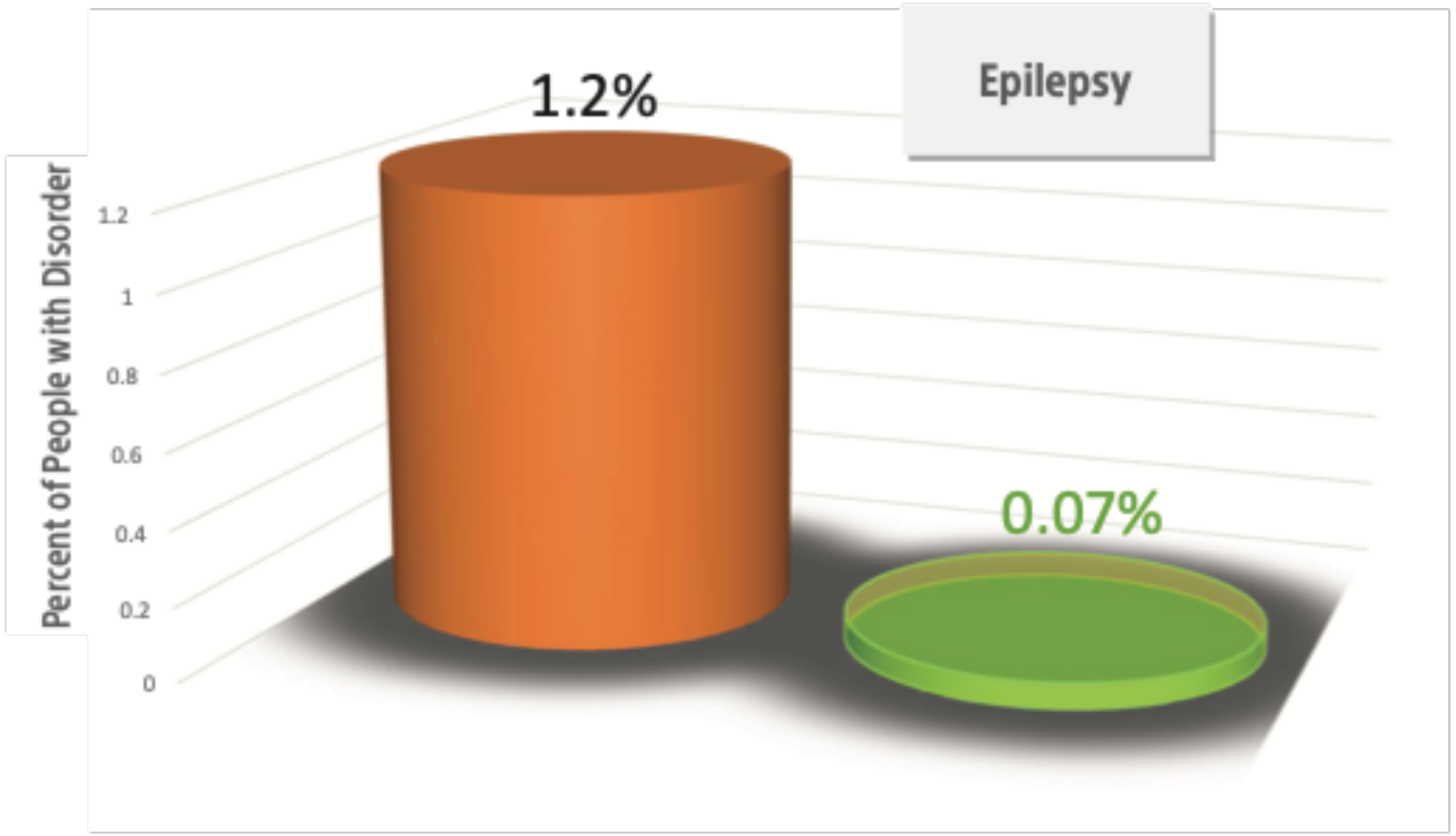
Subsets

- △ **2.97%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- ▲ **0.32%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



Unvaccinated Population

- **Risk Factor in Total Population = 0.07%**

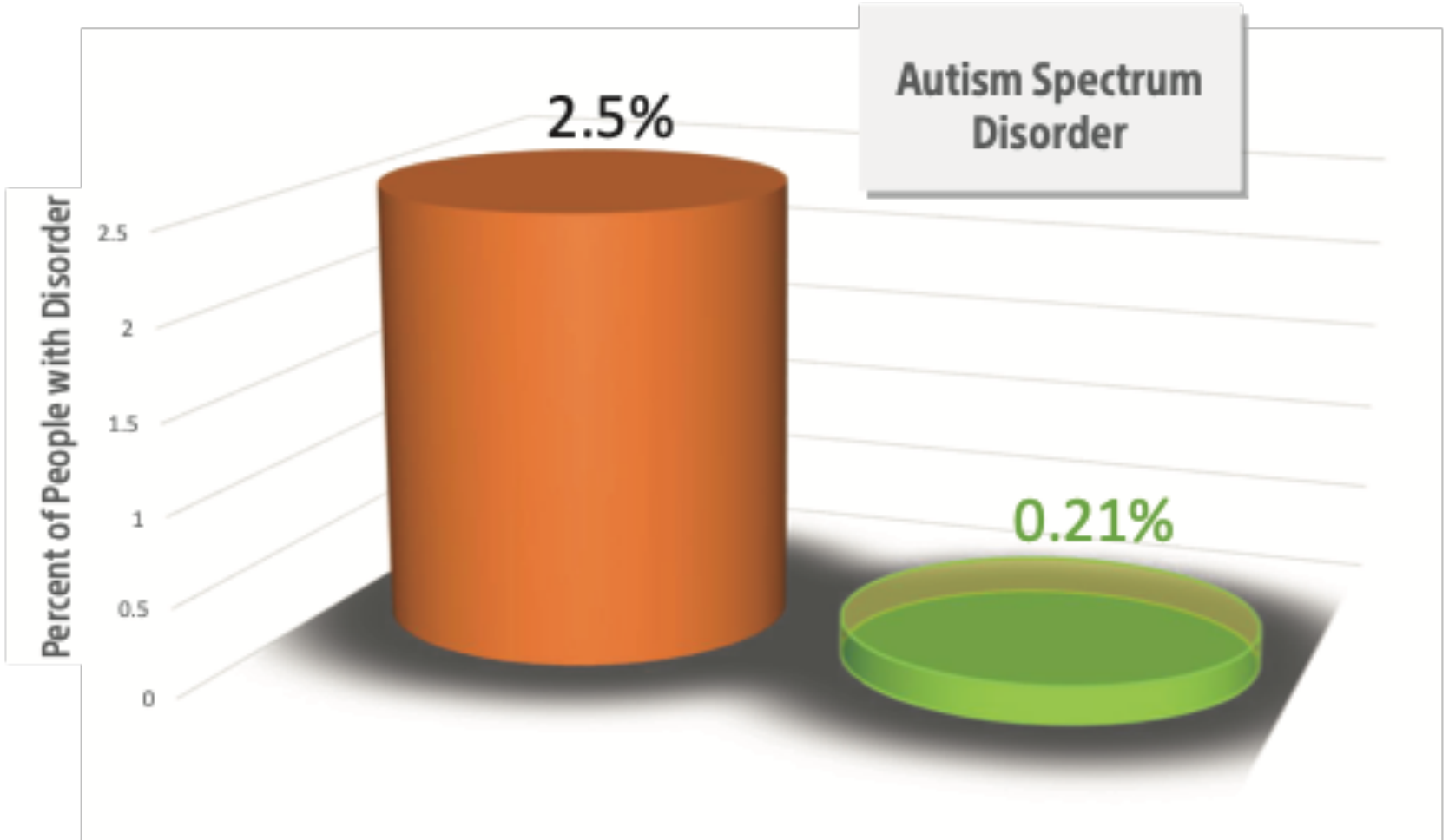
  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of epilepsy in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 3,100,663. This calculation is supported by the p-value 3.23E-07. See full report for detailed explanation.

Subsets

- **0.22%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

Risk Factor in Total Population = 0.21%

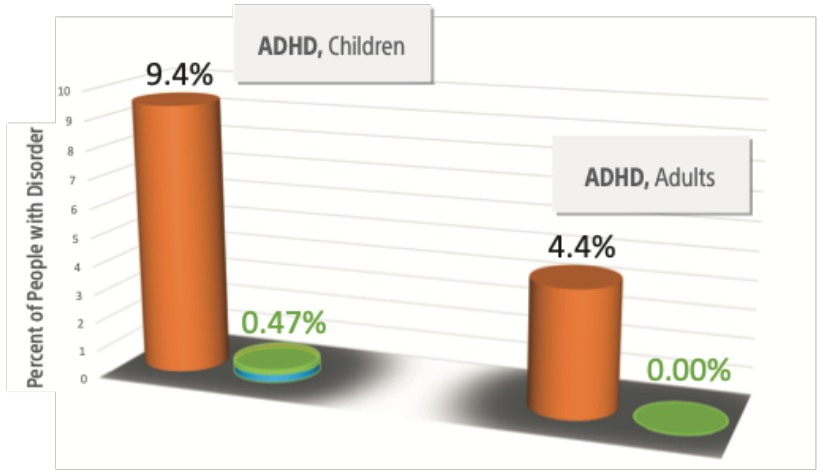
This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of autism in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 128,902,754. This calculation is supported by the p-value 7.76E-09. See full report for detailed explanation.

Subsets

- **0.59%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population
  Population (CDC, Attention-Deficit / Hyperactivity Disorder (ADHD). https://www.cdc.gov/ncbddd/adhd/data.html; NIMH, Attention-Deficit/Hyperactivity Disorder (ADHD). https://www.nimh.nih.gov/health/statistics/attention-deficit-hyperactivity-disorder-adhd.shtml)
- Pilot survey data for 100% Unvaccinated Control Group
  - △ Unvaccinated but exposed to K-shot and/or maternal vaccination
  - ▲ Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP
LITIGATION

Unvaccinated Population

- **Risk Factor in Total Population, Children = 0.47%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of ADHD in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 449,104,622,125,953,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 2.23E-45. See full report for detailed explanation.

  Subsets
  - △ **0.47%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - ▲ **0.47%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

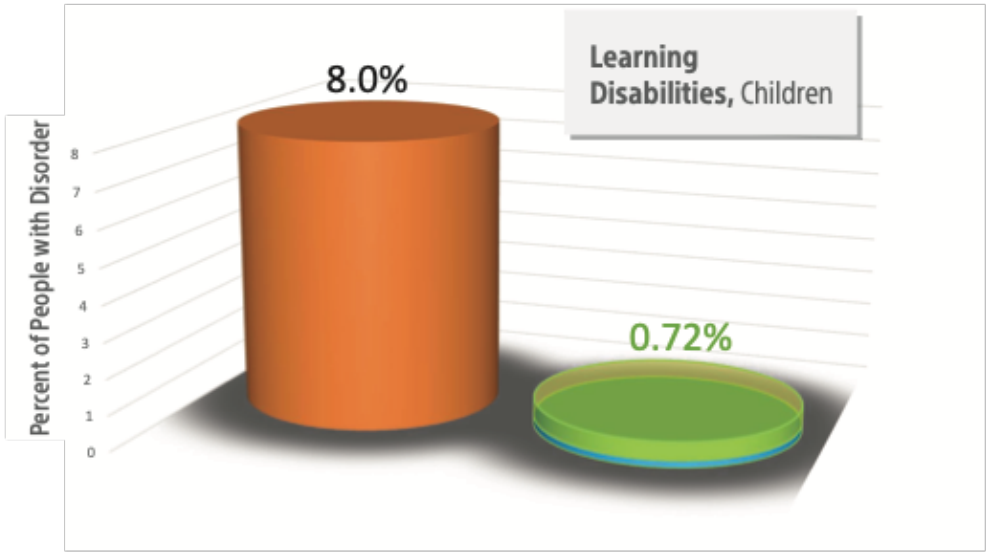
- **Risk Factor in Total Population, Adults = 0.00%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of ADHD in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 12,701. This calculation is supported by the p-value 7.87E-05. See full report for detailed explanation.

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population
  (Prevalence of Learning Disabilities in Mental Disorders and Disabilities Among Low-Income Children. Boat TF, Wu JT, eds. Washington (DC): National Academies Press (US); 2015. https://www.ncbi.nlm.nih.gov/books/NBK332880)
- Pilot survey data for 100% Unvaccinated Control Group
  - △ Unvaccinated but exposed to K-shot and/or maternal vaccination
  - ▲ Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP
LITIGATION

Unvaccinated Population

- **Risk Factor in Total Population = 0.72%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of learning disabilities in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 16,537,382,528,756,600,000,000,000 This calculation is supported by the p-value 6.05E-26. See full report for detailed explanation.

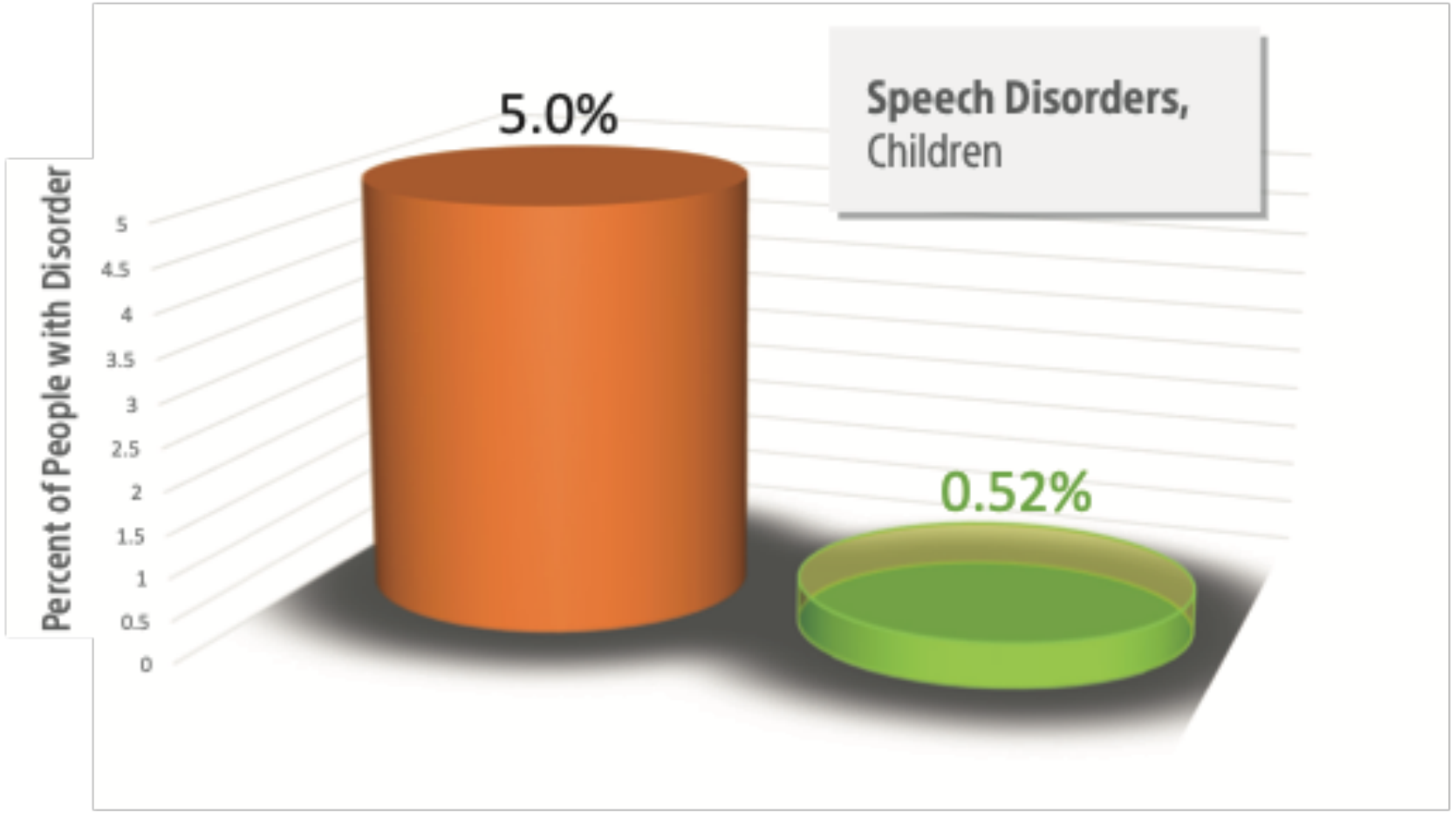
Subsets

- △ **1.48%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- ▲ **0.32%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

- **Risk Factor in Total Population = 0.52%**

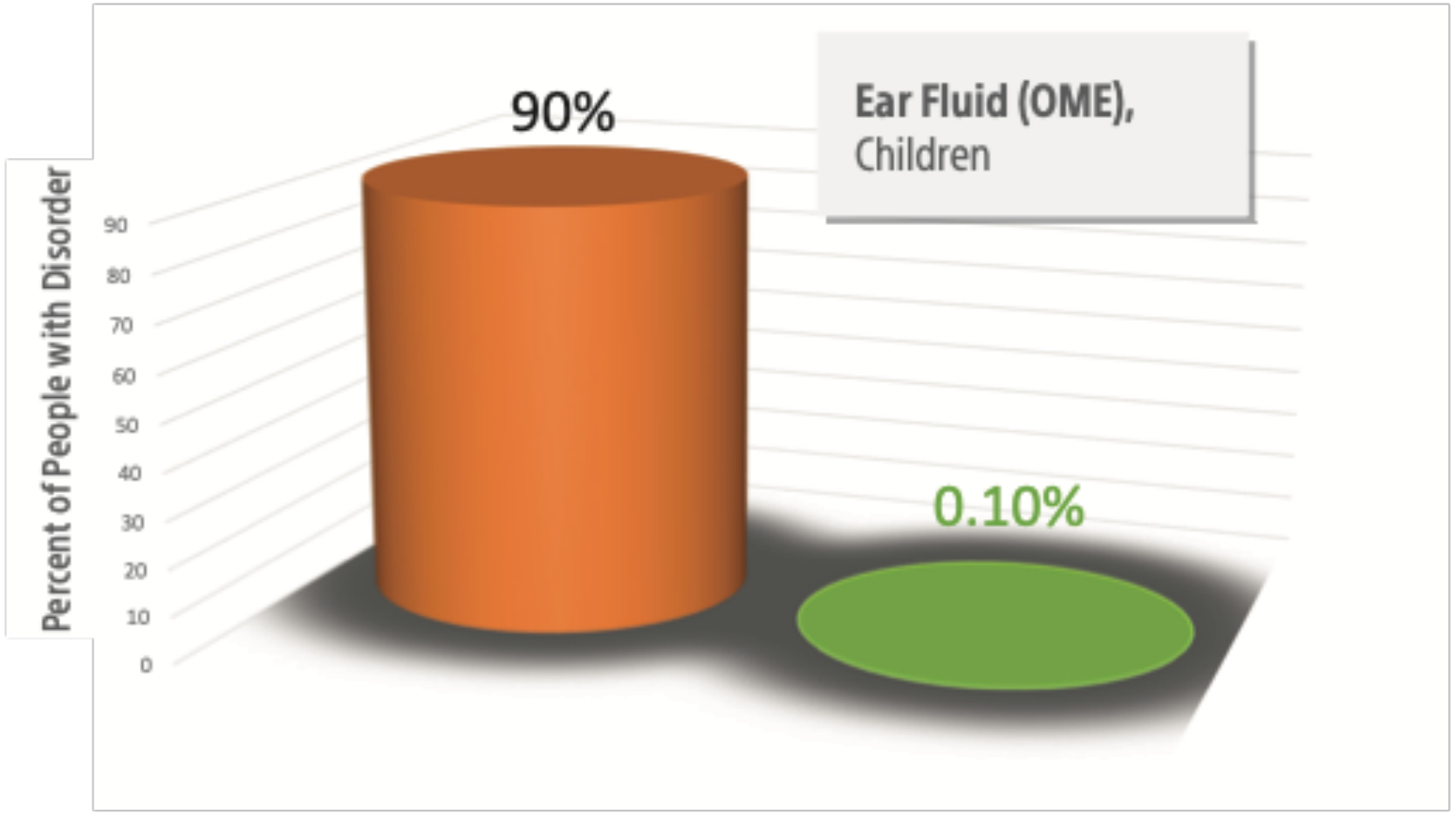
  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of speech disorders in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 1,115,522,286,215,680. This calculation is supported by the p-value 8.96E-16. See full report for detailed explanation.

Subsets

- **1.48%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

- **Risk Factor in Total Population = 0.10%**

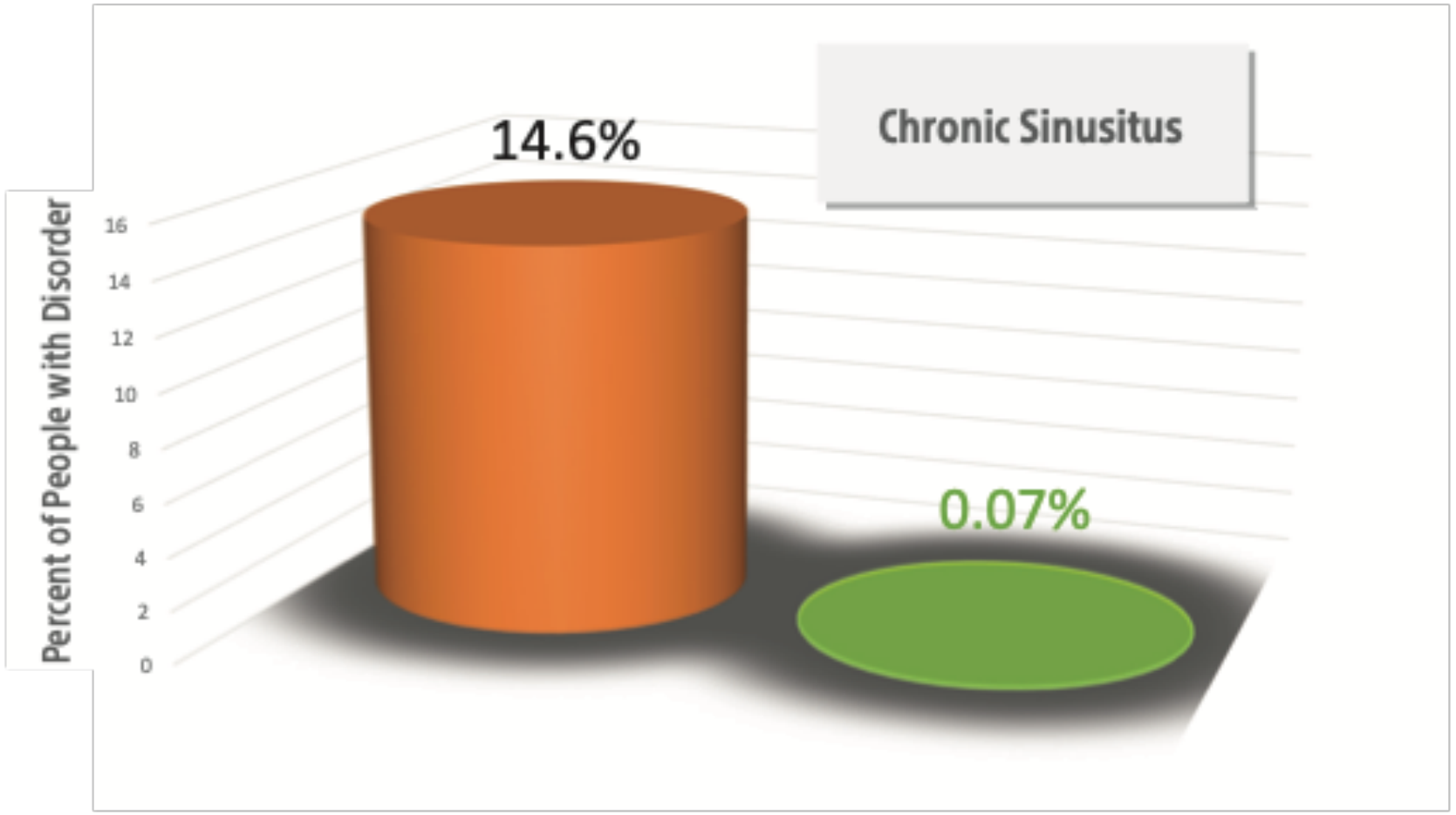
This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of OME in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: infinite / incalculable. This calculation is supported by an infinitesimal p-value. See full report for detailed explanation.

Subsets

- **0.29%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

Risk Factor in Total Population = 0.07%

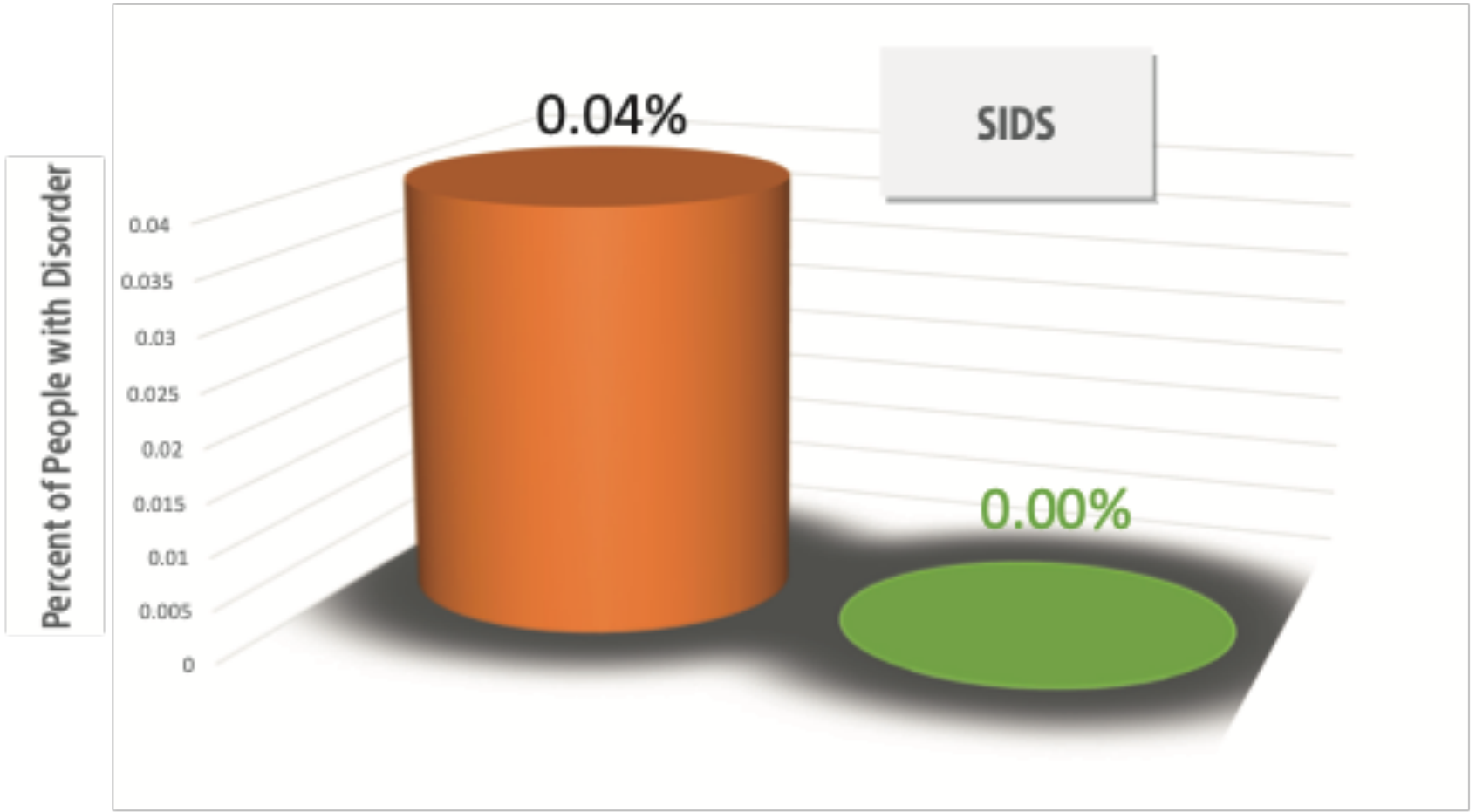
This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic sinusitus in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 1,492,731,523,722,410,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 6.70E-100. See full report for detailed explanation.

Subsets

- **0.22%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



Unvaccinated Population

- Risk Factor in Total Population = 0.00%

Confidential Report by Vaccine Manufacturer

Table 4

Onset interval of sudden infant deaths after hexavalent vaccination, Europe.

Onset interval post-vaccination	Events reported	Cumulative % of total events

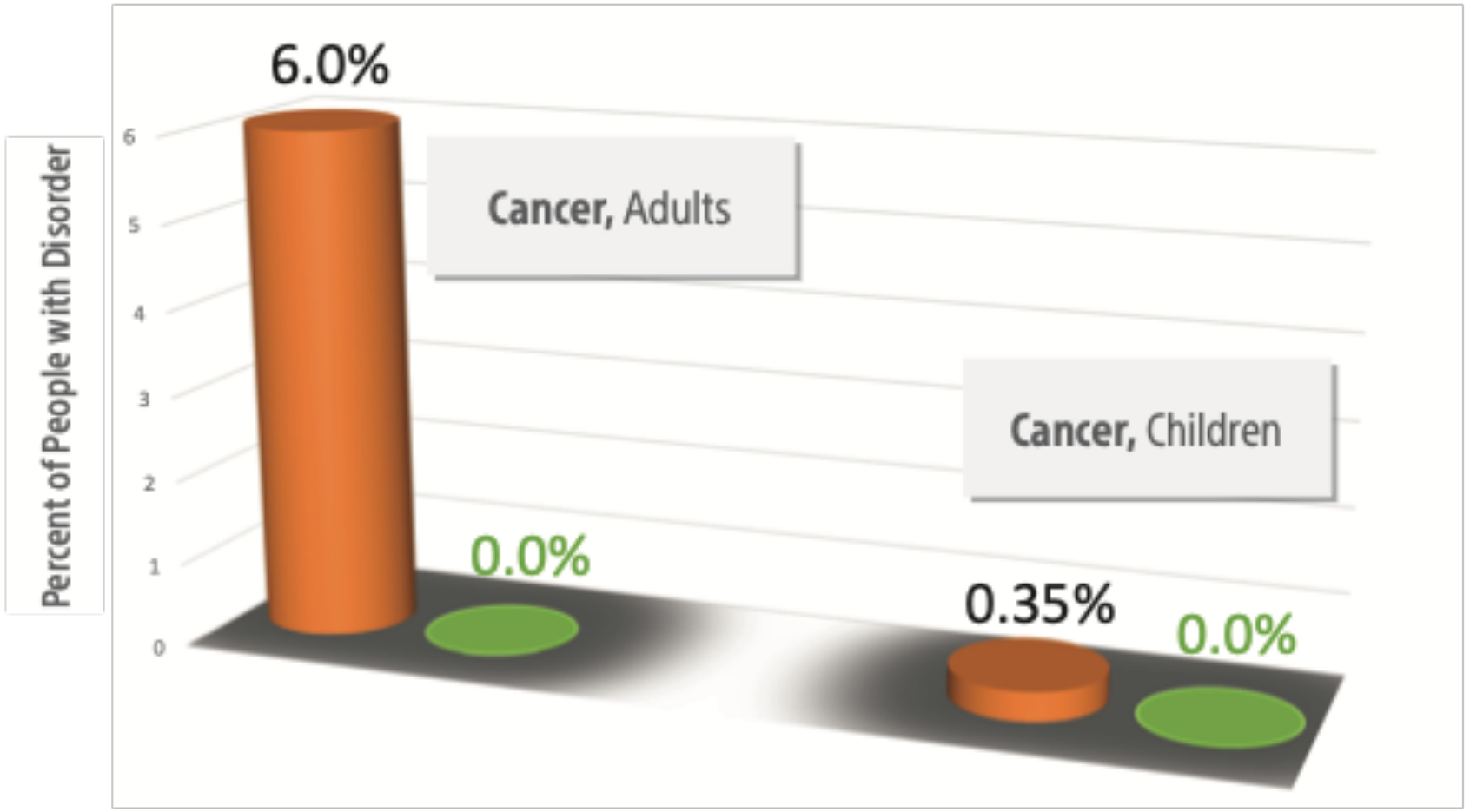
97% of sudden infant deaths occurred in the first 10 days.

Just 3% occurred in the next 10 days

lated. Ninety-seven percent (65 of the 67 reported deaths) occurred in the first 10 days after vaccination while just 3% (2 of the 67 deaths) occurred in the next 10 days. Data obtained from a confidential report compiled by the hexavalent vaccine manufacturer, GlaxoSmithKline, 2011.

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

- **Risk Factor in Total Population, Adults = 0.00%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of cancer in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 439,694. This calculation is supported by the p-value 2.27E-06. See full report for detailed

- **Risk Factor in Total Population, Children = 0.00%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of cancer in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 86. This calculation is supported by the p-value 1.16E-02. See full report for detailed explanation.

WHAT IS GOING ON WITH COVID-19?

PCR testing misuse: creates a case-demic (meaningless + PCR tests - 97% False positive in those without symptoms)

CDC changes definition for breakthrough case only in vaccinated. <28 cycles PCR amplification for vaxxed only

COVID-19 vaccines fail to provide lasting protection 3months

COVID- 19 vaccines don’t prevent transmission – CDC says mask the vaxxed

CDC Stops counting hospitalizations in the vaxxed

Deaths, hospitalizations, neurologic, bleeding, clotting, autoimmune

UNKNOWN long-term, fertility, cancer risk, immune shut down etc.

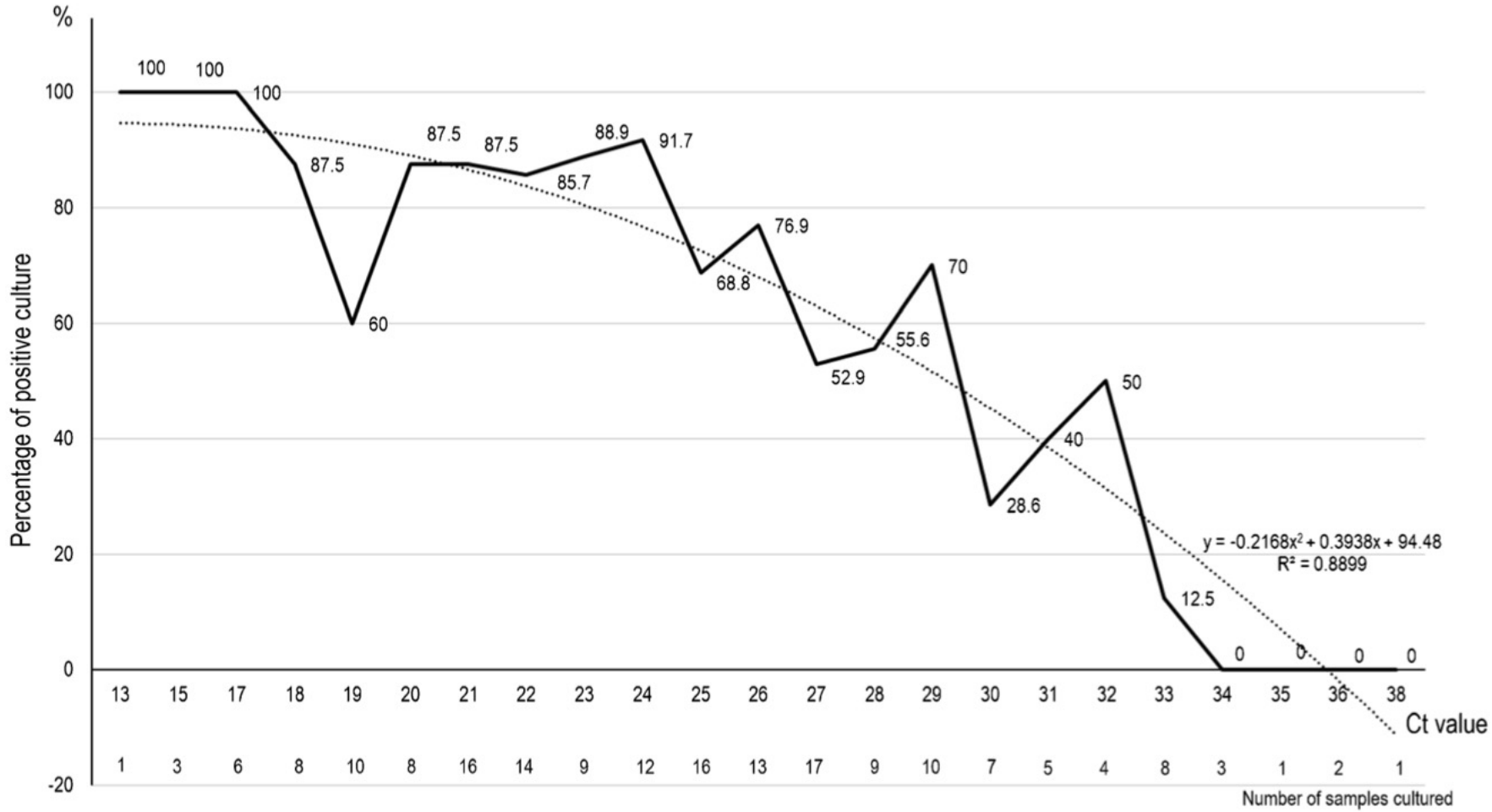


Fig. 1 Percentage of positive viral culture of SARS-CoV-2 PCR-positive nasopharyngeal samples from Covid-19 patients, according to Ct value (pla line). The dashed curve indicates the polynomial regression curve

USA PCR Threshold is set at 35-45 cycles
After vaccination, the cdc only counts test as positive at: 28 cycles or less!

administered or interpreted. The chart below shows that all major PCR tests in use in the United States are run at cycles of 35 or higher.

Manufacturer	Manufacturer's Recommended Cycle Threshold
Xiamen Zeesan SARS-CoV-2 Test Kit (Real-time PCR)	45 cycles
Opti Sars CoV-2 RT-PCR Test	45 cycles
Quest SARS-CoV-2rRT-PCR Test	40 cycles
CDC 2019-Novel Coronavirus Real Time (RT-PCR Diagnostic Panel) Test	40 cycles
Wren Labs COVID-19 PCR Test	38 cycles
LabCorp COVID-19 RT-PCR Test	35 cycles

162. There is, however, one GLARING exception to this standard. THE CDC HAS STATED THAT ONCE A PERSON HAS BEEN VACCINATED, AND THEN AFTER VACCINATION THAT PERSON TESTS POSITIVE FOR COVID-19 USING A PCR TEST, THE CDC WILL ONLY "COUNT" THE POSITIVE RESULT AT 28 CYCLES OR LESS! Why the difference? More recently, the CDC has announced it will no longer compile and report data showing the total number of vaccinated who subsequently contract COVID-19: "[We are] transitioning to reporting only patients with

Pfizer:Pfizer-BioNTech BNT162b2 mRNA vaccine

	BNT162b2 mRNA Vax N=18198	Placebo N=18325	Relative Risk Reduction (RRR)	Absolute Risk Reduction (ARR)
First COVID-19 occurrence from 7 days after Dose 2	8	162		

Relative Risk (2)

- Is the risk of event (or developing a disease) relative to exposure
  - RR= Exposed (or treatment group) / Non-Exposed (controls)

Vaccinated (Treatment group) : 8/18198=0.043%
Unvaccinated: (Control Group): 162/18325=0.884%

RR: 0.04/0.9=0.05 which indicates (1-RRR) a *95% RR reduction*.

Pfizer: Pfizer-BioNTech BNT162b2 mRNA vaccine

	BNT162b2 mRNA Vax N=18198	Placebo N=18325	Relative Risk Reduction (RRR)	Absolute Risk Reduction (ARR)	NNV
First COVID-19 occurrence from 7 days after Dose 2	8	162	95%	0.84%	???
	8/18168 0.04%	162/18325 0.88%	0.04/0.88= 0.05	0.88-0.04= 0.84%	

NNV: 119

This vaccine failed 99.2% who took it as 118 out of 119 received no benefit. In other words, the vaccine has a 0.8% success rate.

Safety of SARS-CoV-2 Vaccines through July 22, 2021

NNV: 200-700 to prevent one case of COVID-19 (Israel BioNtech/Pfizer)

NNV to prevent one death: Between 9,000-100,000 (Israel)

Individual Case Safety Reports per 100,000 vaccines calculated (Netherlands)

- **For 6 deaths prevented by vaccination, there were 4 deaths reported to be caused by vaccination**
  - **Risk/Benefit ration: 2:3**

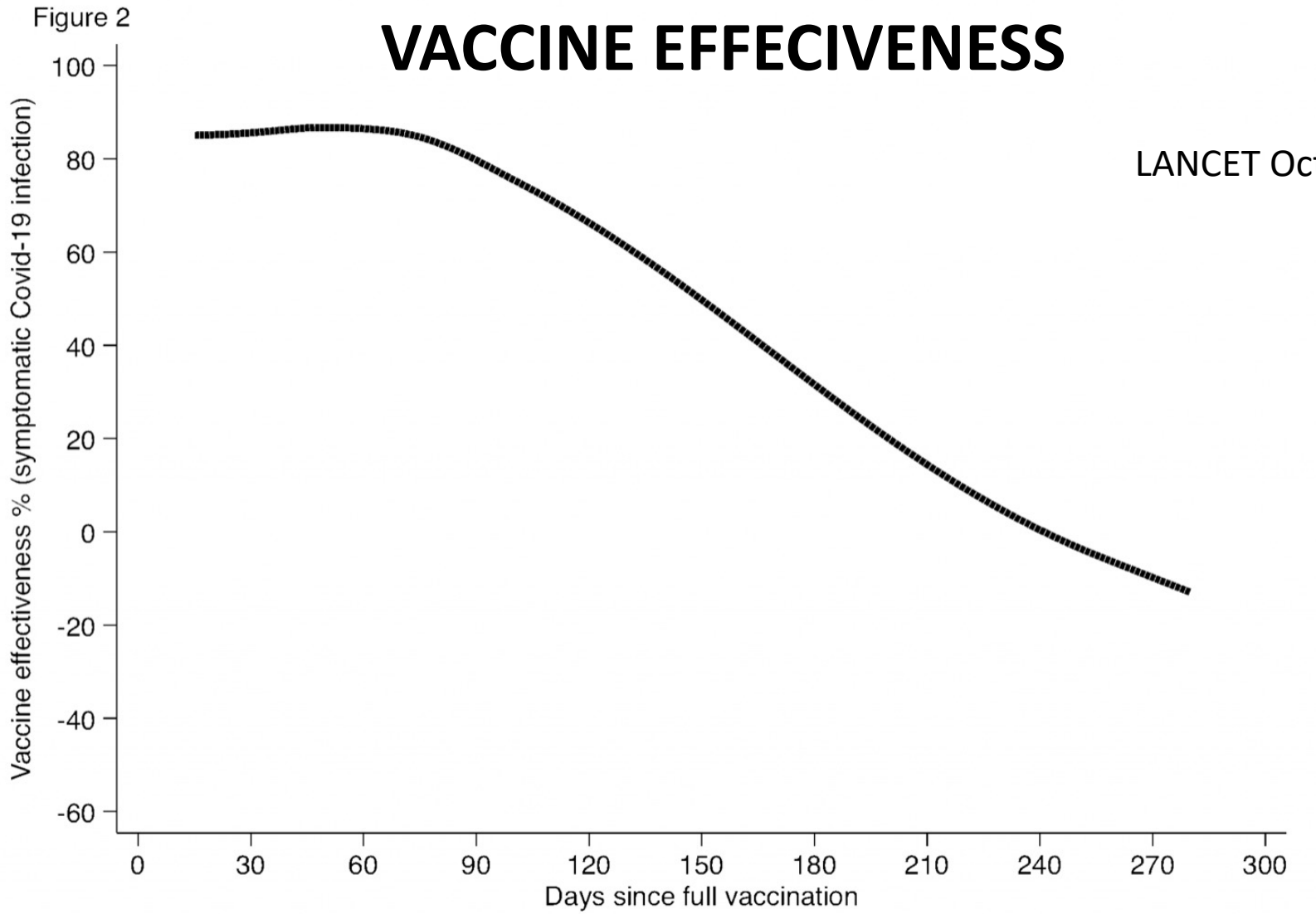
Science, Public Health Policy, and the Law. Vol. 3:87-99. August 2021.

Effectiveness of Covid-19 Vaccination Against Risk of Symptomatic Infection, Hospitalization, and Death Up to 9 Months: A Swedish Total-Population Cohort Study
LANCET 25 Oct 2021

- Pfizer vaccine effectiveness wanes from 92% at day 15-30 to 47% at day 121-180,
- from day 211 (seven months) and onwards “no effectiveness could be detected”.
- AstraZeneca, vaccine effectiveness “was generally lower and waned faster, with no effectiveness detected from day 121 [four months] and onwards”. (The figure they found was actually negative, minus-19%.)

VACCINE EFFECIVENESS

LANCET October 2021



https://ssrn.com/abstract=3949410 or http://dx.doi.org/10.2139/ssrn.3949410

Epidemic of the Unvaccinated ?

- https://publichealthscotland.scot/media/11619/22-02-09-covid19-winter_publication_report.pdf

COVID-19 Case Rates in Scotland (1/8/22 – 2/4/22)

	Unvaccinated			1 Dose*		
Week	No. tested positive by PCR	Population	Age-standardised case rate per 100,000 with 95% confidence intervals	No. tested positive by PCR	Population	Age-standardised case rate per 100,000 with 95% confidence intervals
08 January - 14 January 2022	3,676	980,492	**427.62** (403.04 - 452.20)	1,109	338,946	**558.91** (511.56 - 606.26)
15 January - 21 January 2022	2,714	976,356	**308.22** (286.84 - 329.60)	783	318,813	**392.69** (355.45 - 429.93)
22 January - 28 January 2022	2,347	969,765	**256.00** (238.22 - 273.78)	693	302,782	**343.23** (309.11 - 377.34)
29 January – 04 February 2022	2,455	962,238	**262.90** (245.90 - 279.91)	660	275,627	**304.95** (275.53 - 334.37)
	2 Doses*			Booster or 3 Doses		
Week	No. tested positive by PCR	Population	Age-standardised case rate per 100,000 with 95% confidence intervals	No. tested positive by PCR	Population	Age-standardised case rate per 100,000 with 95% confidence intervals
08 January - 14 January 2022	9,630	999,456	**886.85** (860.56 - 913.14)	13,953	2,982,121	**494.40** (485.54 - 503.27)
15 January - 21 January 2022	6,073	934,782	**575.39** (555.29 - 595.49)	10,623	3,069,966	**378.54** (370.93 - 386.16)
22 January - 28 January 2022	4,919	855,999	**521.34** (501.01 - 541.67)	10,950	3,170,674	**381.72** (374.26 - 389.19)
29 January – 04 February 2022	4,365	830,864	**470.30** (450.69 - 489.92)	11,425	3,230,489	**397.09** (389.51 - 404.67)

See Table 12

Data out of Ontario, Canada has also shown higher rates of COVID-19 in fully vaccinated individuals compared to unvaccinated individuals during the recent Omicron wave from December 24, 2021 – January 26, 2022.

COVID-19 Case Rates in the UK (1/16/22 – 2/6/22)

	Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000)	Unadjusted rates among persons not vaccinated (per 100,000)[1,2]
Under 18	1,872.0	**5,558.5**
18 to 29	3,348.7	**1,885.8**
30 to 39	4,924.2	**2,047.8**
40 to 49	4,687.9	**1,726.6**
50 to 59	2,654.3	**1,167.0**
60 to 69	1,824.6	**796.7**
70 to 79	1,200.7	**645.4**
80 or over	1,413.6	**983.0**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054071/vaccine-surveillance-report-week-6.pdf

DATA that is being IGNORED

Gazit et al. out of Israel showed that "SARS-CoV-2-naïve vaccinees had a 13.06-fold (95% CI, 8.08 to 21.11) increased risk for breakthrough infection with the Delta variant compared to those previously infected."

A Siri reporting suggests that as high as 90% of hospitalizations in the U.S. are among the vaccinated.

Subramanian reported that observed increases in COVID-19 are unrelated to levels of vaccination when they looked at 68 countries and 2947 counties in the U.S.

This UK report #42 (Table 2, page 13) the double vaccinated persons are showing greater infection (per 100,000) than the unvaccinated, and especially in the older age groups e.g. 30 years and above.

Israel: One leading Israeli health official reported that the vaccinated are accounting for 95% of severe and 90% of new hospitalizations for COVID-19.

GreenMedinfo
The Science of Natural Healing
Research Tools
Articles
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22 Studies and Reports Raise Doubts About COVID Vaccine Efficacy and Vaccinating Children
Views 3896
Posted on: Monday, November 1st 2021 at 1:15 pm
Posted By: Children's Health Defense

https://www.greenmedinfo.com/blog/22-studies-

THE TIP OF THE ICEBERG – 1% of ADVERSE EVENTS GET REPORTED TO VAERS

The people behind the Vaccine Adverse Event Reporting System (VAERS) have admitted that “fewer than 1% of vaccine adverse events are reported” in an early grant:

https://www.globalresearch.ca/vaers-admits-fewer-than-1-vaccine-adverse-events-reported/5760046

Deaths from the COVID – 19 Vaccines

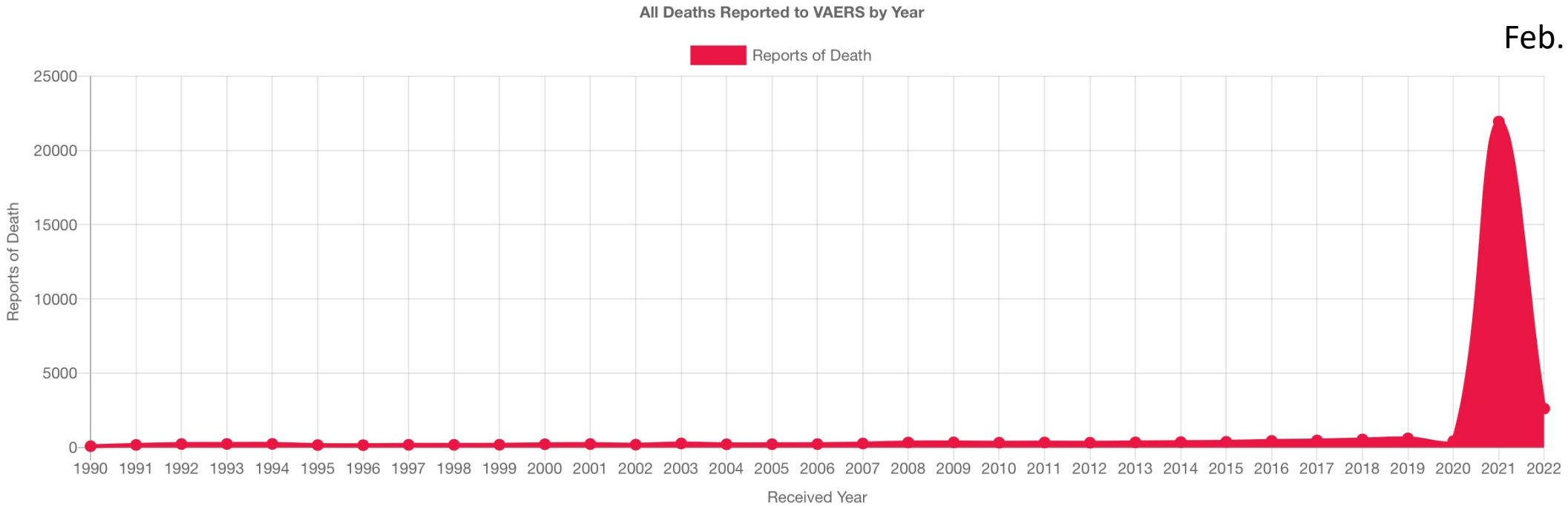
- 50% within 48 hours
- 80% within a week
- 87% have no other explanation
- THE VACCINE IS THE CAUSE OF DEATH IN THE MAJORITY OF CASES – Dr Peter McCollough MD, MPH
- https://www.bitchute.com/video/pkQvdHCl0uTX/

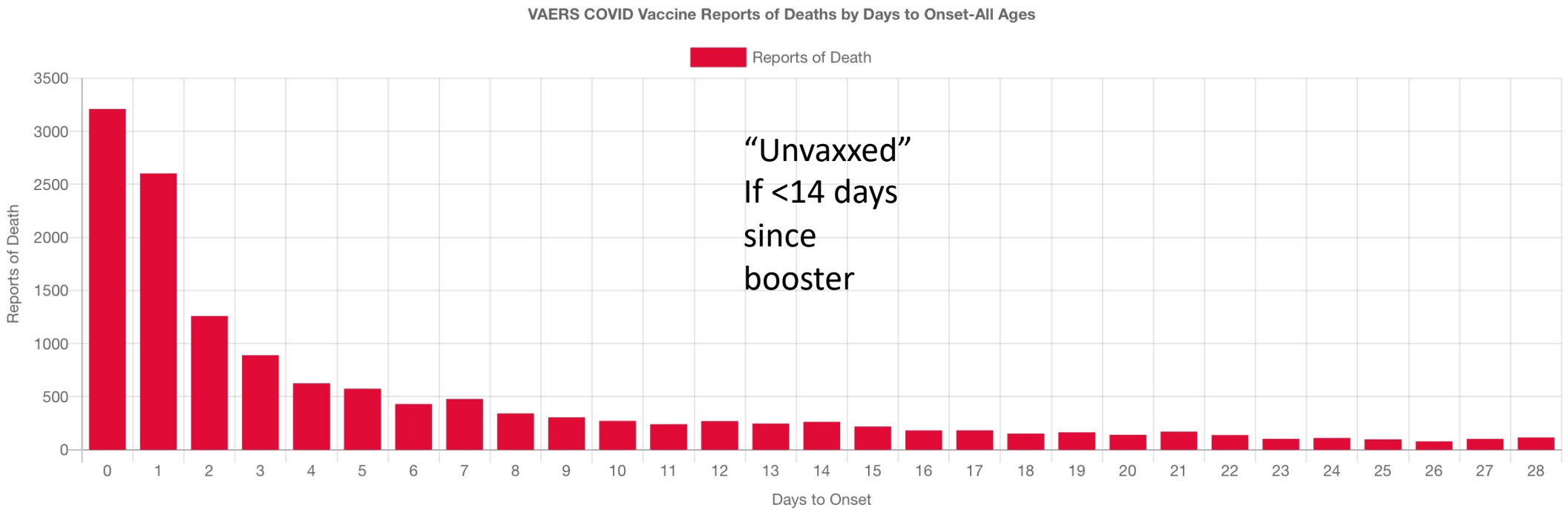
1,119,061 Reports
Through February 11, 2022

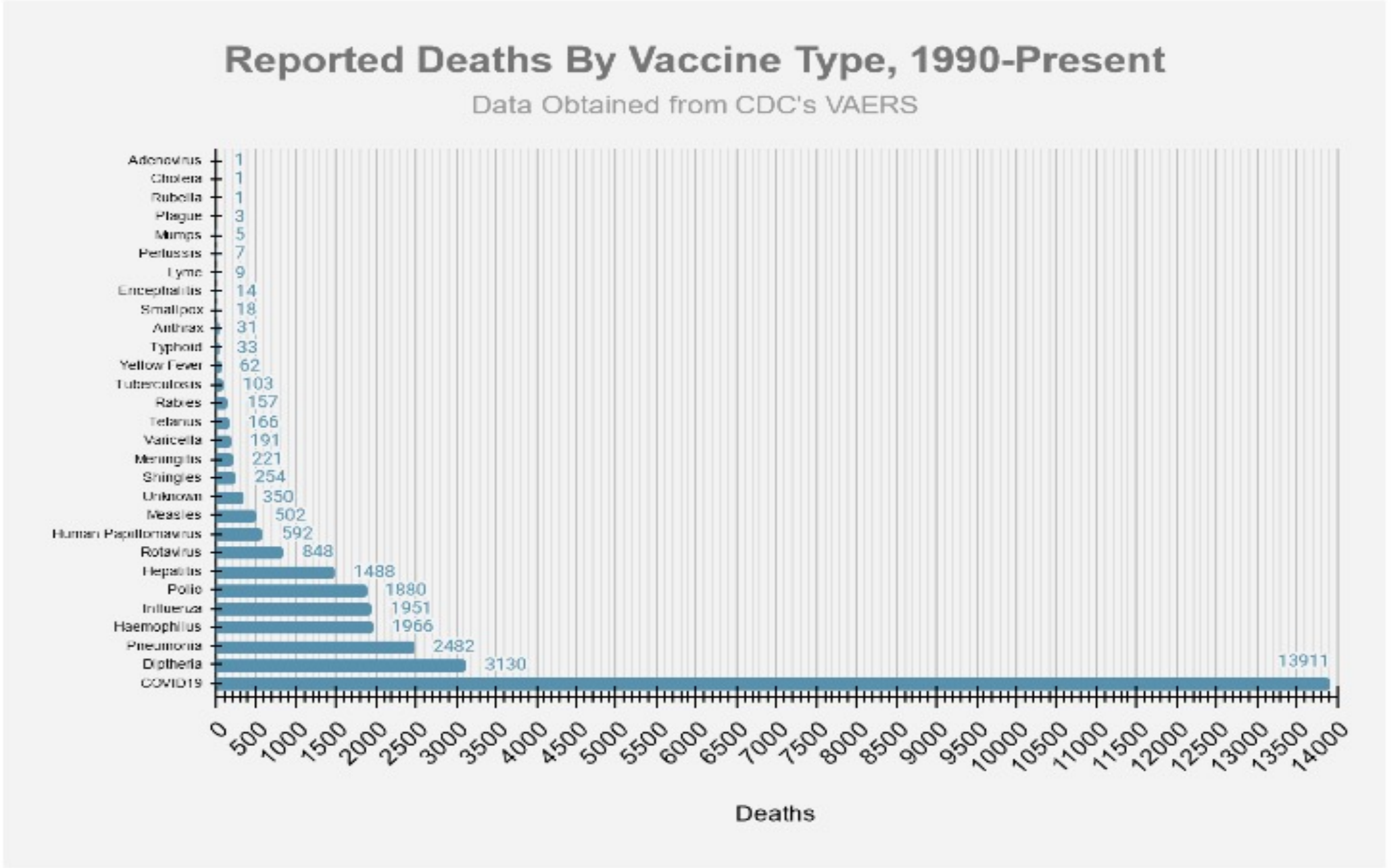
23,990 DEATHS	**130,774** HOSPITALIZATIONS	**119,454** URGENT CARE
173,802 DOCTOR OFFICE VISITS	**9,207** ANAPHYLAXIS	**13,982** BELL'S PALSY

4,080 Miscarriages	**12,314** Heart Attacks	**33,590** Myocarditis/Pericarditis	**43,476** Permanently Disabled
5,641 Thrombocytopenia/ Low Platelet	**27,306** Life Threatening	**39,782** Severe Allergic Reaction	**12,452** Shingles

Feb. 11, 2022


All Deaths Reported to VAERS by Year
Reports of Death
Reports of Death
25000
20000
15000
10000
5000
0
1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022
Received Year

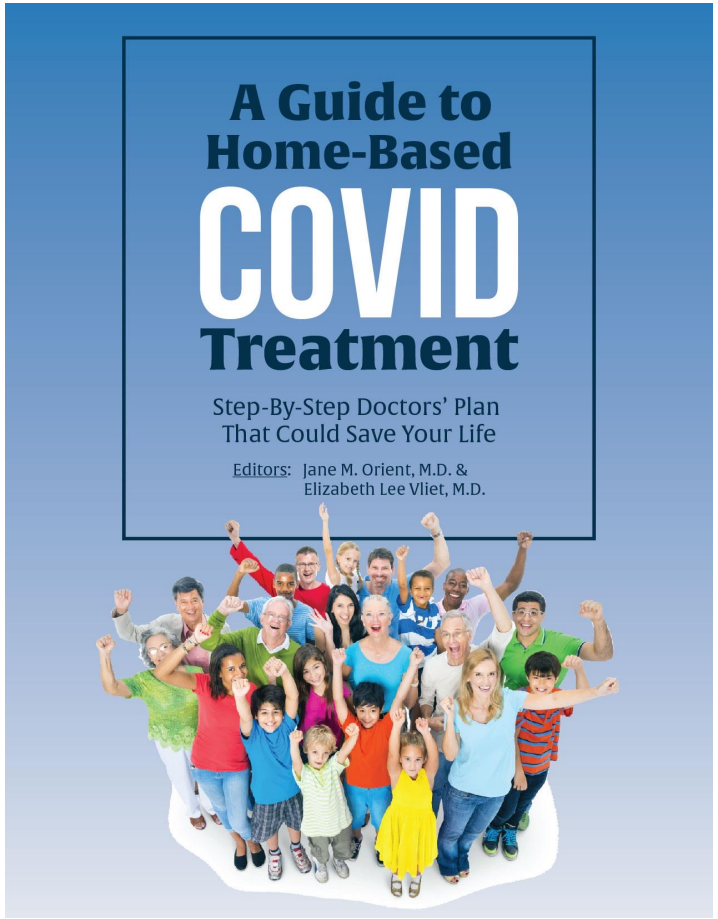

VAERS COVID Vaccine Reports of Deaths by Days to Onset-All Ages
Reports of Death
Reports of Death
3500
3000
2500
2000
1500
1000
500
0
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28
Days to Onset
“Unvaxxed”
If <14 days
since
booster



https://vaersanalysis.info/2021/09/03/vaers-summary-for-covid-19-vaccines-through-8-27-2021/

Resources For COVID (Illness or Vaccine effects)

https://covid19criticalcare.com/
ivermectin-in-covid-19/covid-19-care-providers/


A Guide to Home-Based
COVID
Treatment
Step-By-Step Doctors' Plan That Could Save Your Life
Editors: Jane M. Orient, M.D. & Elizabeth Lee Vliet, M.D.

AAPSonline.org

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